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(F	Requestor's Name)	
(F	Address)	
(A	Address)	
(0	City/State/Zip/Phone #	<i>f</i>)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)
(C	Occument Number)	
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Red Hills	Designs LLC		
	Name of Lir	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Louis Brooks		
		Name of Person	
		Firm/Company	
	3448 Welwyn Way		
		Address	
	Tallahassee, FL 32309		
		City/State and Zip Code	_
	E-mail address:	to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Louis Brooks		at (850) 7283018	
Name (of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Red HIlls Designs LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/14/2023 and assigned Florida document number <u>L23000552178</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Welwyn Woodworking LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
	<u> </u>		□Add
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			Change
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			□Remove
			□Change
			□Add
			□Remove

Effective date, if other than the date of filing:		
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Louis Blysha		es a delayed effective date, but not an effective time, at 12:01 c.m. on the earlier of: (b) The 90th day after the
Signature of a member or authorized representative of a member	Dated June 26	2024
· · · · · · · · · · · · · · · · · · ·		Signature of a member or authorized representative of a member
		·
		Typed or printed name of signee

10 miles

Filing Fee: \$25.00