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## **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT: <u>Red</u> o	on 1 Secority sole Name of Limi	ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	Thomas No	Singer Name of Person	
	Redican 1 seco	Firm/Company	<del></del>
	431 bayhead dr	tellahessee FL 1230 Address	.ч
		City/State and Zip Code	
-	Thoma No Dorge 2 E-mail address: (1	2 Defree, 1. Co.n. o be used for future annual report notif	fication)
For further information conc			
Thomas No Il	infer	at (\$56) 567-	9064
Name of Pe	ersogi	Area Code — Daytima	e Telephone Number
Enclosed is a check for the f	ollowing amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Redcon 4 Secos 4 fros LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 431 barkender tallelessee FL 32304 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 431 bayhead or tallahorse FL 32204 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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Typed or printed name of signee