

L24000145094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

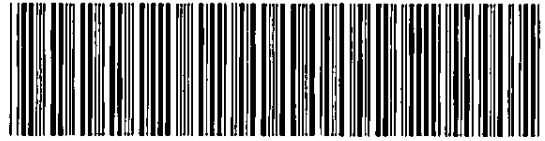
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 AUG -8 AM 10:08
CLERK OF THE STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Redneck Pepper LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Crystal M. Hair
Name of Person

Redneck Pepper LLC
Firm/Company

274 NW Open Ct.
Address

Lake City, FL 32055
City/State and Zip Code

Crystal@redneckpepper.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Crystal Hair at (386) 288-8884
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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

2024 AUG -8 AM 10:00
SECRETARY OF STATE
TALLAHASSEE

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Redneck Pepper 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 March 25th 2024 and assigned
Florida document number L24000145094

This amendment is submitted to amend the following:

☒ If amending name, enter the new name of the limited liability company here:

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)

☒ 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

_____, Florida

City

Zip Code

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.

Crystal Miller
If Changing Registered Agent, Signature of New Registered Agent

RECEIVED
MAR 26 2024
AM 10:09
STATE OF FLORIDA
SECRETARY OF STATE

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>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>Crystal N. Hair</u>	<u>274 NW Open Ct.</u>	<input checked="" type="checkbox"/> Add
		<u>Lake City, FL 32055</u>	<input type="checkbox"/> Remove
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2014 JUN - 09 AM 10:09
SCOTT COUNTY DE STATE
TALLAHASSEE FL
FILED

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Aug. 1, 2024

Crystal M. Hain
Signature of a member or author

Signature of a member or authorized representative of a member

Crystal N. Hair
Typed or printed name of

Typed or printed name of signee

2024 AUG - 8 AM 10: 09
SOUTH DOWRY OF STATE
TALLAHASSEE, FL

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.