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M. THOMAS

JUL 2 1 2009

EXAMINER

COVER LETTER

Division of Co	orporations		
SUBJECT:	REDBRIDGE	CONSULTING, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
•			
		LAURIE WEIL	
		Name of Person	
	REDBI	RIDGE CONSULTING, LLC	
		Firm/Company	
	23	8 PALERMO AVENUE	,
		Address	. 12
	СО	RAL GABLES, FL 33134	是是 九
•		City/State and Zip Code	ETARSEET BETARSEET
	LW	EIL@REDBRIDGE.CC	System 11
•	E-mail address: (to be used for future annual report notification)	EEO E
For further information	concerning this matter, please	call:	TILE L SECRETARY OF STATE SECRETARY OF STATE
L	AURIE WEIL	at (305) 232-9040 EXT. 8002	NICE 33
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	(additional copy is enclosed) Certified	e of Status &

MAILING ADDRESS:

TO:

Registration Section

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

News of the Limited	KIDGE COI	NSULTING, LL	<u>.C</u>		
(<u>Name of the Limited</u> (A	Florida Limited L	iability Company)	on our records.)		
The Articles of Organization for this Limited Life Florida document number	2773	were filed on	5/21/2006	and assigned	
This amendment is submitted to amend the follow.	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here:		2 C 1	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Company	/," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applic	able:		5		
(Principal office address MUST BE A STREE	T ADDRESS)			2 2	
				55.7 3 C	
Enter new mailing address, if applicable:		238 PALERMO	AVENUE	F. S. F.L. OR. 33	
(Mailing address MAY BE A POST OFFICE BOX)		CORAL GABL	ES, FL 33134	7	
B. If amending the registered agent and/or the new registered of	fice address her	<u>e</u> :	r records, <u>enter t</u>	he name of the ne	
Name of New Registered Agent:	LAURIE WEIL				
New Registered Office Address:	New Registered Office Address: 238 PALERMO AVENUE				
		Ente	r Florida street addi	ress	
	COF	RAL GABLES	, Florida	33134	
		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 608, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	EUGENIO CHINCHILLA	355 ALHAMBRA CIRCLE, SUITE 1150 CORAL GABLES, FL33134)
MGRM	EDMUND SANTIAGO	355 ALHAMBRA CIRCLE, SUITE 1150 CORAL GABLES, FL 33134) ☐ Add ☑ Remove
MGRM	FRANCISCO RECIO	355 ALHAMBRA CIRCLE, SUITE 1150 CORAL GABLES, FL 33134)_□ Add ☑ Remove
MGR M	Redbridge Group of Florida	238 PALERMO AVENUE CORAL GABLES, FL 33134	[√] Add Remove
			Add Remove
D. If amendi	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	TILE 20
	ing any other miorination, enter change	(3) Here: (Thuch dualional sheets, y necessary.)	A Di 33
_			_
Dated	JULY 16 200	ti	
	•	or authorized representative of a member	
		or printed name of signee	· ··

Page 2 of 2

Filing Fee: \$25.00

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> MGR **EUGENIO CHINCHILLA** 355 ALHAMBRA CIRCLE, SUITE 1150 7 Add CORAL GABLES, FL 33134 Remove MGR **EDMUND SANTIAGO** 238 PALERMO AVENUE CORAL GABLES, FL 33134 Remove МGR FRANCISCO RECIO 355 ALHAMBRA CIRCLE, SUITE 1150 ✓ Add CORAL GABLES, FL 33134 Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JULY 16 2009 Dated _ Signature of a member of authorized representative of a member **EDMUND SANTIAGO**

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00