## L09000052773

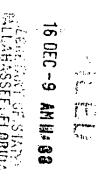
(Req	uestor's Name)	
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	,	
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## **COVER LETTER**

	gistration Section ision of Corporations		
SUBJECT:	REDBRIDGE SOLUTIONS, LLC		
SUBJECT:	Name of I	Limited Liability Company	····
The enclosed	d Articles of Amendment and fee(s) are	submitted for filing.	
Please return	all correspondence concerning this mat	ter to the following:	
	Ana Marsh		ytime Telephone Number  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  URIER ADDRESS: section reporations ug e Center Circle
		Name of Person	<del></del>
	Redbridge Group of Flo	orida, Inc	
		Firm/Company	<del></del>
	101 Almeria Avenue		<u>.</u>
		Address	
	Coral Gables, Florida 3	3134	
	1	City/State and Zip Code	
	lweil@redbridge.cc  E-mail addres	ss: (to be used for future annual repor	t notification)
For further i	nformation concerning this matter, pleas	e call:	
Ana Marsh		786 539-156	64
	Name of Person	at () Area Code Da	aytime Telephone Number
Enclosed is	a check for the following amount:		
\$25.00 1	Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration S Division of Ce Clifton Buildi	orporations ng /e Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REDBRIDGE SOLUTIONS, LLC		
( <u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	The second section of the sect
The Articles of Organization for this Limited Liabil Florida document number L09000052773	ity Company were filed on 11/23/2009	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e 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	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or :	registered office address on our records, en	nter the name of the
egistered agent and/or the new registered office	address here:	<b>6</b> -6
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	ORIUA
	. Florid	(a
<del>-</del>	, FIORIU	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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Boris Garcia Zakzuk	101 Almeria Avenue Coral Gables,	□ Add
			■ Remove
			☐ Change
MGR Edmund Santiago	Edmund Santiago	101 Almeria Avenue Coral Gables	Add
			□ Remove
			☐ Change
	<del>-</del>		Add
			Remove Clarge
			Add
		-	□ Change
			□ Add
			Remove
		-	Change
			□ Remove
			□ Change

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	1	SE P
	( <b>optional</b> )  f filing or more than 90 days after filing.) F	Pursuant to 605.02
te: If the date inserted in this block does not meet the applicable state cument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an ef The 90th day after the record is filed.	fective time, at 12:01 a.m. or	n the earlier o
pated December 5		
Sign tune of a member or authorized rep		

Page 3 of 3

Filing Fee: \$25.00