





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

REDSRAT 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 October 2, 2014 and assigned Florida document number L14000153829.

This amendment is submitted to amend the following:

**A. 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:**

800 Seagate Drive, Suite 204

**(Principal office address MUST BE A STREET ADDRESS)**

Naples, Florida 34103

**Enter new mailing address, if applicable:**

2316 Pine Ridge Rd, Suite 453

**(Mailing address MAY BE A POST OFFICE BOX)**

Naples, Florida 34109

**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*

\_\_\_\_\_, 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.*

\_\_\_\_\_  
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>    | <u>Address</u>               | <u>Type of Action</u>                      |
|--------------|----------------|------------------------------|--|
| MGR          | Philippa Smit  | 800 Seagate Drive, Suite 204 | <input checked="" type="checkbox"/> Add    |
|              |                | Naples, Florida 34103        | <input type="checkbox"/> Remove            |
|              |                |                              | <input type="checkbox"/> Change            |
| MGR          | Mike DePaolo   | 2800 Davis Blvd              | <input type="checkbox"/> Add               |
|              |                | Naples, Florida 34104        | <input checked="" type="checkbox"/> Remove |
|              |                |                              | <input type="checkbox"/> Change            |
| MGR          | Albert Wessels | 800 Seagate Drive, Suite 204 | <input type="checkbox"/> Add               |
|              |                | Naples, Florida 34103        | <input type="checkbox"/> Remove            |
|              |                |                              | <input checked="" type="checkbox"/> Change |
|              |                |                              | <input type="checkbox"/> Add               |
|              |                |                              | <input type="checkbox"/> Remove            |
|              |                |                              | <input type="checkbox"/> Change            |
|              |                |                              | <input type="checkbox"/> Add               |
|              |                |                              | <input type="checkbox"/> Remove            |
|              |                |                              | <input type="checkbox"/> Change            |
|              |                |                              | <input type="checkbox"/> Add               |
|              |                |                              | <input type="checkbox"/> Remove            |
|              |                |                              | <input type="checkbox"/> Change            |

17 JUN 17 2M 8:55  
 TAMMISSEE FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

17 JAN 17 AM 8:45  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated January 9, 2017

Signature of a member or authorized representative of a member

Albert Wessels

Typed or printed name of signee