

L08000006550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

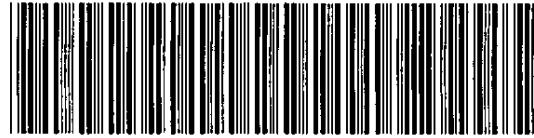
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUN 11 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: REDBRIDGE REINSURANCE MANAGERS, 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:

CARLOS ROMERO, ESQ.
Name of Person
LAW OFFICE OF CARLOS A. ROMERO JR P.A.
Firm/Company
3195 PONCE DE LEON BLVD., STE. 400
Address
CORAL GABLES, FL 33134
City/State and Zip Code
CAR@POSTANDROMERO.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA**

For further information concerning this matter, please call:

CARLOS ROMERO at (**305**) **445-0014**
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILED
09 JUN 10 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REDBRIDGE REINSURANCE MANAGERS, 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 JANUARY 17, 2008 and assigned Florida document number L08000006550.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 238 PALERMO AVENUE
(Principal office address MUST BE A STREET ADDRESS) CORAL GABLES, FL 33134

Enter new mailing address, if applicable: 238 PALERMO AVENUE
(Mailing address MAY BE A POST OFFICE BOX) CORAL GABLES, FL 33134

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

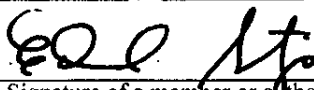
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	REDBRIDGE NETWORK & [S]	15715 S. DIXIE HIGHWAY, STE. 329 PALMETTO BAY FL 33157	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SPARTAN INVESTMENT [S]	510 AVE. MUNOZ RIVERA SAN JUAN, PR 00918	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	REDBRIDGE GROUP LLC	355 ALHAMBRA CIR STE 1150 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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 TALLAHASSEE, FLORIDA

Dated JUNE 4, 2009.



Signature of a member or authorized representative of a member

EDMUND SANTIAGO

Typed or printed name of signee