

LDB 000006550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

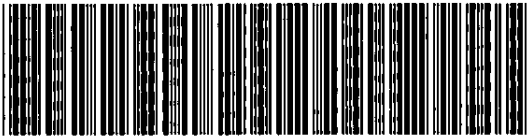
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

OCT 28 2009

EXAMINER



500156014335

10/26/09--01052--028 **25.00

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 OCT 27 PM 3:30**

REDBRIDGE REINSURANCE MANAGERS, LLC.

238 PALERMO AVENUE
CORAL GABLES, FL 33134
(305) 232-9040

CITIBANK, N.A. BR. #511
MIAMI, FL 33131-3502
63-476-670

10/23/2009

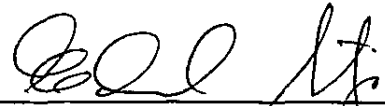
PAY TO THE
ORDER OF Florida Department of State

\$ **25.00

Twenty-Five and 00/100*****

DOLLARS

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314



AUTHORIZED SIGNATURE

MEMO

Corporate Modifications

⑈000618⑈ ⑆067004764⑆ 3290176327⑈

Security features. Details on back.



REDBRIDGE REINSURANCE MANAGERS, LLC.

Florida Department of State

10/23/2009

BlackPoint Corporate Modifications

25.00

Citibank - Operation A Corporate Modifications

25.00

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:

LAURIE WEIL
Name of Person

REDBRIDGE REINSURANCE MANAGERS, LLC
Firm/Company

238 PALERMO AVENUE
Address

CORAL GABLES, FL 33134
City/State and Zip Code

LWEIL@REDBRIDGE.CC
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURIE WEIL at (**305**) **232-9040**
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**

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 1/17/2008 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 27 PM 3:30

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

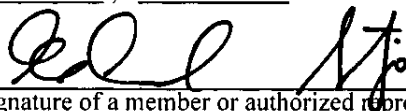
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SPARTAN INVESTMENT	510 AVE. MUNOZ RIVERA SAN JUAN, PR 00918	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SPARTAN INVESTMENT GROUP, LLC	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 type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	REDBRIDGE GROUP OF FLORIDA, LLC	238 PALERMO AVENUE 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

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

Dated _____



Signature of a member or authorized representative of a member

EDMUND SANTIAGO

Typed or printed name of signee