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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO:

| Name of Limi | ted Liability Company | | |
|--|--|--|--|
| Amendment and fee(s) are sub | mitted for filing. | | |
| endence concerning this matter | to the following: | | |
| LAURIE WEIL | | | |
| | Name of Person | | |
| REDBRIDGE GROUP, LL | .C | | |
| | Firm/Company | | |
| 1300 PONCE DE LEON B | ILVD., SUITE 103 | | |
| | Address | | |
| CORAL GABLES, FL 331 | 34 | | |
| | City/State and Zip Code | | |
| - | | Tankan V | |
| | | neation) | |
| • | 305 232-9040 EX | XT 8002 | |
| Name of Person | | Area Code Daytime Telephone Number | |
| he following amount: | | | |
| ☐ \$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) | |
| | <u>Street Address:</u> Registration Se | ection | |
| Corporations | Division of Co | rporations | |
| | | Fallahassee be Street, Suite 810 | |
| | Amendment and fee(s) are substandence concerning this matter: LAURIE WEIL REDBRIDGE GROUP. LL 1300 PONCE DE LEON B CORAL GABLES, FL 331 LWEIL@REDBRIDGE.CO E-mail address: (concerning this matter, please concerning this matter, please concerning this matter). | Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: LAURIE WEIL Name of Person REDBRIDGE GROUP, LLC Firm/Company 1300 PONCE DE LEON BLVD., SUITE 103 Address CORAL GABLES, FL 33134 City/State and Zip Code LWEIL@REDBRIDGE.CC E-mail address: (to be used for future annual report not concerning this matter, please call: of Person Area Code Daytin he following amount: S30.00 Filing Fee & Certified Copy (additional copy is enclosed) Section Corporations Corporations Division of Co The Centre of The C | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REDBRIDGE GROUP, LLC

| (A Florid | a Limited Liability Company) | n our records.) | |
|---|--|---|---------------------------------------|
| The Articles of Organization for this Limited Liability C Florida document number $\frac{108000006550}{10000000000000000000000000000000000$ | Company were filed on Janua | ry 17, 2008 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lim | nited liability company here | : | |
| The new name must be distinguishable and contain the words "Lin | nited Liability Company," the design | gnation "LLC" or the al | obreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADD | RESS) | | |
| | | | |
| E-ton-one multipand dropp of applicable. | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | |
| (mading dataress MAT BE A 1031 0111CE BOA) | | | |
| | | | - |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our reco | ords, <u>enter the nan</u> | ne 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 Registere | | | |
| I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change. | complete performance of m igent as provided for in Cha ed office address, I hereby | v duties, and I am apter 605, F.S. Or. | familiar with and if this document is |
| | | | |

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> | Type of Action |
|--------------|---------------------------------|---|-----------------|
| MGRM | Redbridge Insurance Company Ltd | c/o American International Insurance Managers, Ltd. | □Add |
| | | St. James House, 2nd Street | = Remove |
| | | Holetown, St. James BB | □Change |
| MGRM | Redbridge Holding, LLC | Calle San Antonio 1870, Pda 26 | = Add |
| | | San Juan, PR 00909 | □Remove |
| | | | □ Change |
| | | | □Add |
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| ffecti | ive date, if other than the date of filing: (optional) ective 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 605.020 |
| iote: | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a sent's effective date on the Department of State's records. |
| гесог | d 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 led. |
| | |
| d is fil | 600 /A. |
| d is fil | May 17 2024 Signature of a member or authorized representative of a member |

Filing Fee: \$25.00