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EXAMINER



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05/11/11--01023--011 **30.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

	Registration Secti Division of Corpo					
SUBJEC	т:	REDBRIDGE	E SOLUTIONS, LLC			
COBC			ited Liability Company	1,38		
		nendment and fee(s) are sul				
Please ret	urn all correspond	ence concerning this matter	to the following:	7		
			Laurie Weil	<u> </u>		
			Name of Person			
		Redbridge Solutions, LLC				
			Firm/Company			
		355 A	355 Alhambra Circle, Suite 1150			
			Address			
		С	oral Gables, FL 33134			
		City/State and Zip Code				
	Iweil@redbridge.cc E-mail address: (to be used for future annual report notification)					
For furthe	er information con	cerning this matter, please of	call:			
		urie Weil	at (_305_)	232-9040		
	Name of P	erson	Area Code & Dayum	e tereprione Number		
Enclosed	is a check for the	following amount:				
\$25.00) Filing Fee [\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS:		STREET/COURI				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REDBRIDGE SOLUTIONS, 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 Liab	oility Company were filed on	5/29/2009	and assigned	
Florida document number L09000527				
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability company here	:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compar	ny," the designation "l	LC" or the abbreviation	
Enter new principal offices address, if applicat	ole:			
(Principal office address MUST BE A STREET	ADDRESS)		_	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	(N)			
		<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Ente	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 **Address Type of Action Title** <u>Name</u> **MGRM** Boris Garcia Zakzuk 238 Palermo Avenue ☐ Add Coral Gables, FL 33134 ✓ Remove BGZ & Family, LLC MGRM 238 Palermo Avenue **✓** Add Coral Gables FL 33134 Remove MGR Boris Garcia Zakzuk 355 Alhambra Circle, Suite 1150 ✓ Add Coral Gables, FL 33134 Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 7 Dated _____ Signature of a member or authorized representative of a member Boris Garcia Zakzuk Typed or printed name of signee

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Filing Fee: \$25.00