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COVER LETTER

	Registration Se Division of Cor		,	**		•	·,
CUD IEC	TOTAL STATE OF THE	lanagement Solutions, LLC					
SUBJEC	.] 	Name of Lim	ited Liability Company				
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		Hernando Gallegos					
			Name of Person				
		Red Flag Management Sol	utions, LLC		•		
			Firm/Company				
		1497 Main St Ste 170			So	ភ	35 35
Address			ES.	MAY	SES.		
		Dunedin FL 34698			ETAFI) HASSI	Y 28	GAN F
			City/State and Zip Code		H _C	2	
		contact@redflagmanagemen			F STAT	£	SR SR
For furth	er information co	E-mail address: (i oncerning this matter, please ca	to be used for future annual report notificall:	cation)		4:42	ATE ATTON:
Hernand	o Gallegos		877 270-3524 at ()				
	Name of	f Person	Area Code Daytime	Telephone Number			
Enclosed	is a check for th	ne following amount:					
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status		

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 ARTICLES OF ORGANIZATION **OF**

Red Flag Management Solutions, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 7/12/2012	and assigned
Florida document number L12000091272		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		5 15 15 E
(Principal office address MUST BE A STREET ADDRES	<u> </u>	CAR BAY
	With the control of t	ASSES C
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		TONG AT AT AT AT A AT A AT A AT A AT A AT
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, <u>en</u> <u>s here</u> :	ter the name of the new
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	gent:	

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>	Type of Action
MGR	Cassandra Gallegos	1497 Main St	Add
		Ste 170	■ Remove
		Dunedin FL 34698	□ Change
MGR	Hernando Gallegos	1497 Main St	□ ∧44
		Ste 170	
		Dunedin FL 34698	□ Change
		******	□ ∧dd
			Remove
		***************************************	☐ Change
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		•	☐ Remove

If amending any other	r information, enter change(s) here: (Attach additional sheets, if nece	ssary.)		
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Note: If the date inserte	r than the date of filing:	o nal) filing.) Pursu date will n	uant to 6 ot be li	05.0207 sted as
e record specifies a The 90th day afte	a delayed effective date, but not an effective time, at 12:01 ar the record is filed.	.m. on th	ne ear	
ated May 26	2015	SECI	15 K	SECR
	That Ill	HAS	MAY 28	F OF
	Signature of a member or authorized representative of a member	SEE.		RY OF CORP
	Hernando Gallesos	15 S. J.	PH t:	APGS STORY
****	Typed or printed name of signee	書	<u> </u>	ÃÞ

Page 3 of 3

Filing Fee: \$25.00