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2014 MAR 10 PN 12: 43
SECRETARY OF STATE
LORIDA

TO: Registration Section Division of Corporations	
SUBJECT: Code Red (Name of Limite	Courrer LLC ed Liability Company)
The enclosed member, resignation or dissociate	ion and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to:
Code Red Cey	vier LLC
γ_{ij} α_{ij}	# 1/22 D
Palm Harbor F1	. 34683
For further information concerning this matter	
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (12/13)

Tallahassee, Florida 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2014 MAR 10 PN 12: 43

SECRETARY OF STATE FALLAHASSEE, FLORIDA

J .	1 C
CODE KEL	OURIER LLC
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
	ility Company were filed on///3/doj \(\frac{1}{3} \) and assigned
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the	ne limited liability company here:
The new name must be distinguishable and end with the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET.	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u>·</u>
	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter the name of the new
	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	1 111 000

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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Au	thorized Member		
Title	Brian Nehr	Address 2 Yos Oakbard Dr. \$1028 Palm Harber, Fl. 3468	Type of Action □ Add □ Remove
		<u> </u>	□ Add
			□ Add □ Remove
		<u> </u>	
			□ Remove □ Add
			□ Remove

D. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	(See attached)
- " , -	•
	
(The effective	date, if other than the date of filing:
Dated	3/7/2014.
	Jet Miles
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 NAR 10 PH 12: 43

Attachment for Amoud mont to articles Code Ped Centrer LLC Code Red Courier LLC. In Case of his wership of Code Red Courier LLC will en go to Brian Nehr.