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COVER LETTER

	istration Sec ision of Corp				
ennieze.		E PROPERTIES, LLC			
SUBJECT		Name of Lim	ited Liability Company		
The enclosed	Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		LAURIE WEIL			
			Name of Person		
		REDBRIDGE PROPERTI	ES, LLC		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company		
		1300 PONCE DE LEON F	BLVD., SUITE 103		
			Address		
		CORAL GABLES, FL 33	134		
			City/State and Zip Code	 	
		LWEIL@REDBRIDGE.CO			
			to be used for future annual report n	otification)	
For further in	iformation co	ncerning this matter, please ca	all:		
LAURIE WI	EII.			EXT, 8002	
	Name of	Person	at () Area Code Dayt	ime Telephone Number	
Enclosed is a	check for the	e following amount:			
■ \$25.00 F	iling 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		<u>Street Address:</u> Registration S			
Division of Corporations			Division of C	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of	l'Tallahassee roe Street, Suite 810	
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REDBRIDGE PROPERTIES, LLC			
(<u>Name of the Limited Liabil</u> (A Floric	lity Company as it now appears of la Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability (0/2014	_ and assigned
Florida document number L14000101487	<u> </u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here	:	
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the desig	gnation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	RESS)	 _	
		_	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere	ed office address on our reco	ords, enter the name (of the new registe
igent and/or the new registered office address here:		rust enter the name of	A the new regions
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 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or <u>removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	GRUPO EYNI, INC.	COND VILLAS DEL MAR OESTE, APT PHL	□Add
		ISLA VERDE, PUERTO RICO 00979	Remove
			□Change
AMBR	REDBRIDGE GROUP, LLC	1300 Ponce de Leon Blvd., Suite 103	= Add
		Coral Gables, FL 33134	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□ Change

, 11 amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
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_	
_	
_	
(If an effec <u>Note:</u> If	April 19, 2024 (optional) tive 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 605.0207 (3) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
f the record ecord is filed	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 4.
Dated _	April 19 2024
	Signature of a member or authorized representative of a member
	EDMUND SANTIAGO
	Typed or printed name of signee

Filing Fee: \$25.00