

L14 000 103 642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

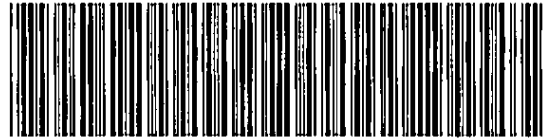
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100319213891

10/16/18--01035--004 **30.00

RECEIVED

OCT 15 2018

SECRETARY OF STATE
TALLAHASSEE, FL

2018 OCT 15 PM 4:07

FILED

OCT 22 2018

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RED CREST INSURANCE, LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose A. MALDONADO
Name of Person
RED CREST INSURANCE, LLC.
Firm/Company
2333 Ponce de Leon Blvd.
Address
Suite 630
CONAL GABLES, FLORIDA
City/State and Zip Code
33134
Jose @ go@redcrest.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose A. MALDONADO at 786 499-5082
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing 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
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
TO
ARTICLES OF ORGANIZATION
OF

RED CREST Insurance, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2018 OCT 15 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on June 30, 2014 and assigned

Florida document number L14000103642

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

NO CHANGE IN ADDRESS

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NO CHANGE IN ADDRESS

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

NO CHANGE

New Registered Office Address:

NO CHANGE

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 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>	<u>Type of Action</u>
MGR	REDOUANE CHAÏEÏ	2333 Ponce de Leon Blvd	☐ Add
		Suite 630	
		CORAL GABLES, FL.	☒ Remove
		33134	
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Oct 1ST

2018

Signature of a member or authorized representative of a member

Jose A. Maldonado

Typed or printed name of signee

2018 OCT 15 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FL

