

L14000 122993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

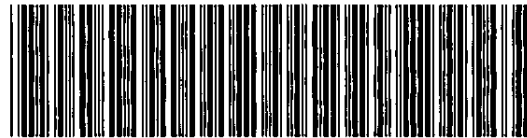
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RedE2fix, "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:

Pedro Arellano

Name of Person

Firm/Company

1761 SW 86 ter

Address

Miramar, Florida 33026

City/State and Zip Code

pca516@yahoo.com

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pedro Arellano

Name of Person

at (305) 834 9089

Area Code

Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$20.00 Filing Fee &
Certificate of Status

☐ \$20.00 Filing Fee &
Certified Copy
(additional fee required)

☐ \$20.00 Filing Fee
Certificate of Status &
Certified Copy
(additional copy is required)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 1127
Tallahassee, FL 32304

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Cotton Building
2601 Executive Center Circle
Tallahassee, FL 32304

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

REDE2FIX, "LLC"

(Name of the Limited Liability Company, or if none, complete and file separately,
as a separate Limited Liability Company.)

The Articles of Organization for this Limited Liability Company were filed on 08/06/2014 and assigned
Florida document number L14000122993

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the Limited Liability Company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Oliver, Alejandro M	6401 Fletcher St	☐ Add
		Hollywood, Fl 33023	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
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			☐ Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

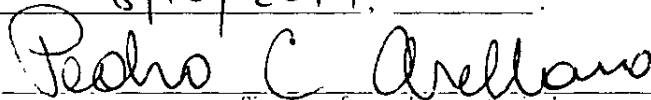
Add FEI/EIN Number: 47 1516406

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 60 days after the date this document is filed by the Florida Department of State)

Dated

8/10/2014



Signature of a member or authorized representative of a member

Pedro C Arellano

Typed or printed name of signer

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18 JUL 15 11:31