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(Red	questor's Name)	
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PICK-UP	TIAW	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

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July 29, 2016

PEDRO C. ARELLANO REDE2FIX LLC 10221 PINES BLVD PEMBROKE PINES, FL 33026

SUBJECT: REDE2FIX, "LLC" Ref. Number: L14000122993

We have received your document for REDE2FIX, "LLC" and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP - LP, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 816A00015976

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Reded Fix 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
Reder Fix, Lic
10271 Pines Blud
Lembroke Pines F133026 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pedro Arellano at (305) 834 9089  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  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

(Name of the Limited Liability (A Florida	2 T X L y Company as it now appears on of Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Co. Florida document number 1140001239	ompany were filed on <b>\$</b>	-6-2014	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designa	ntion "LLC" or the abbrev	riation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRI	ESS)	- 121 (교 [주)	20	<u> </u>
		<u> </u>	स्थान के जिल्ला है। इस्ट्रीडिंग के जिल्ला है।	
	•	ASS ASS	CT Annually	
Enter new mailing address, if applicable:			2 179	
(Mailing address MAY BE A POST OFFICE BOX)		S	<u> </u>	
		RIG	<u></u>	
•		A	Ē	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		records, enter the	name of the	new
•				
Name of New Registered Agent:				_
New Registered Office Address:				
	Enter Florida sti	reet address		
		, Florida		
	City <sup>,</sup>	2	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

Title **Name** <u>Address</u> Type of Action David J Campo 10221 Pines Blud Pembroke Pine, FL ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove □ Cha<u>nge</u> Remove # Change

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an effective date is liste ote: If the date inse	ed, the date must be specific crted in this block does no	and cannot be prior to date of meet the applicable s	of filing or more than	n 90 days after filing.) Purements, this date wil	arsuant to 605.0 If not be listed
	date on the Department of		, ,		
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Filing Fee: \$25.00