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To:

Division of Corporations

Fax Number

: (850)617-6383

please file as of

September 26, 2014 Fax confirmation is

From:

Account Name : INCORPORATING SERVICES FL

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: (850)656-7956

Fax Number

: (850)656-7953

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Emad 1	Address.			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## RED 9 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

1.84

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ł	RED 9 LLC		
(Name of the Limited Lightlity (A Florida L	Company as it now appears on our records.) imited Liability Company)	<del></del>	
The Articles of Organization for this Limited Liability Co. Florida document number L14000134332	mpany were filed on 8/27/2014	and assigned	
This amendment is submitted to amend the following:			
(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on 8/27/2014 and assigned Florida document number L14000134332  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 "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:			
The new name must be distinguishable and end with the words "Limi	ted Liability Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
		25 CA	
Enter new mailing address, if applicable:		SEP 2	
-		S 6 5	
		7 7 3	
		با پیچ	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ered office address on our records, <u>er</u> e <u>ss here</u> :	nter the name of the new	
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:

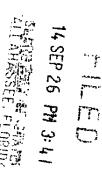
MGR = Manager AMBR = Authorized Member Title Name <u>Address</u> Type of Action AMBR Mario Lazcano Torres Calle Camino Real A. ■ Add Tetelpan 101 Edificio Cedros/Apartamento 17 □ Remove Coi Lorries de los Angeles, Alvaro Obregon, DF, CP 01790-CR-01001 □ Adá □ Remove □ Add ☐ Remove ☐ Add \_□ Remove Remove) © H ⊆ \_□ Remove

RICARDO P. FERNANDEZ DE CORDOBA

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00



Oct. 6. 2014 12:22PM Incorporating Services, LTD.

No. 8251 P. 5

\* \* \* Memory TX Result Report ( Sep. 26. 2014 4:27?M ) \* \* \*

1) Incorporating Services, LTD.

Date/Time: Sep. 26, 2014 4:26PM

File No. Mode

Destination

Pg (s)

Result

Fage Not Sent

8244 Memory TX

18506176383

Reason for error

E. 1) hang up or line fail
E. 3) ho answer
E. 5) Exceeded max. E-mall size

E. 2) Busy
E. 4) No facsimile connection

Florida Department of State Division of Corporations
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