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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE
WALLAHASSEE, FLORIDA

AUG 1 4 2015

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COVER LETTER

TO: Registration Se					
	ENTERPRISES LLC				
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	MARIO G, ROJAS				
		Name of Person			
		Firm/Company			
	7600 SOUTHLAND BLV	D, STE 105			
		Address			
	ORLANDO FLORIDA 32				
		City/State and Zip Code			
	redstarenterprisesllc@gmai E-mail address: (l.com to be used for future annual report notifi	ication)		
For further information of	concerning this matter, please ca		,		
ANGEL MATOS		407 470-2478 at ()			
Name o	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	he 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

REDSTAR ENTERPRISES LLC			
(Name of the Limited L (A F	iability Company as it lorida Limited Liability	now appears on our reco	ords.)
The Articles of Organization for this Limited Liabil Florida document number <u>L14000149238</u>	ity Company were	iled on <u>09/24/2014</u>	and assigned
This amendment is submitted to amend the following	ıg:		
A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
The new name must be distinguishable and contain the words	"Limited Liability Con	npany," the designation "l	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		ddress on our reco	rds, enter the name of the nev
New Registered Office Address:			
		Enter Florida street add	iress
_		,	Florida
		ity	Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:		
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	nd complete perfo ed agent as provia stered office addre nge.	rmance of my duties, led for in Chapter 60 ess, I hereby confirm	and I am familiar with and 15, F.S. Or, if this document is that the limited liability
	If Changing R	egistered Agent, <u>Signatu</u>	re of New Registered Agent

Page 1 of 3

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>	Address	Type of Action
MBR	ROJAS, MARCO A	1314 SARDINIA CT	
		DAVENPORT, FL 33896	■ Remove
			Change
MBR	TORO, ANTONIO	7600 SOUTHLAND BLVD -	
		STE 105 ORLANDO, FL 38809	_ ■ Remove
			Change
			Add
			☐ Remove
			Change
			□ Add
			Remove
			Change
			Remove
			Change
			Remove Remove Change Change

D. If amending any	other informa	tion, enter ch	ange(s) here:	(Attach additi	onal sheets, if i	necessary.)		
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E. Effective date, if	other than the	data of filing	•		(0	ptional)		
(If an effective date, in Note: If the date document's effect	listed, the date mus	t be specific and ock does not me	cannot be prior t eet the applica		nore than 90 days	after filing.) Pur		
If the record and	ifing a delayor	l offoctivo di		on offective	time at 12.0	11 a m. on:	the earlier of	F.
If the record spec (b) The 90th day	after the rec	ord is filed.	ate, but ript	an enective	ume, at 12.0	71 a.iii. Uii	the earner or	•
AUGUST,	10 th		2015					
		\sqrt{h}	MIN	-	_	<i>(i)</i>		
	$\overline{}$	Signature of a n	ember or author	rized representativ	e of a member	2015 AU SECRE		
MARI	O G. ROJAS					AUG 13 AHASSE	100000	
			Typed or printed	d name of signee		بعا برسد	, <u>19</u>	
			Page	3 of 3		OF STATE EE. FLORIDA		
			_	e: \$25.00		D M	دَ	