Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : CORPORATE CREATIONS INTERNATIONAL IN	_		="	nerate another cover shee	دهر رسما
Fax Number : (850)617-6383	To:	Division of Co.	rne		(n ≥
From:					<u>(m</u>
Account Name : CORPORATE CREATIONS INTERNATIONAL IN	From:				
		Account Name	:	CORPORATE CREATIONS	International
		Phone	:	(561)694-8107	78-
Phone : (561)694-8107		Fax Number		(561)694-1639	

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

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RED 2.5 LLC

Certificate of Status	0 .
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Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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MAY 14613016

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RED 2.5	LLC	
(Name of the Limited Liability Company (A Finnia Limited Lia	ns it now appears on our records.) billity Company)	
The Articles of Organization for this Limited Liability Company w Florida document number L15000085320	rere filed on 05/13/2015	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Campany," the designation "LLC" or the abbrev	viation "L.L.C."
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)		
B. If amending the registered agent and/or registered office address here:	ce address on our records, enter the	name of the new
		E g. -
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	SSE SSE
	, Florida	(1) A
	City	ZIP Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filled to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am fami ovided for in Chapter 605, F.S. Or, if ti	iliar with and his document is

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	<u>Name</u>	Address	Type of Action
MGR	LORENZINO, JUAN PABLO	2500 E. HALLANDALE BEACH	🗆 Add
		BLVD., SUITE 700	■ Ксточе
		HALLANDALE BEACH, FL 33009	Change
MGR	Marcelo Schamy	C/O WNF LAW, P.L.	Add
		1111 BRICKELL AVENUE, SUITE 2200	□ Romove
		MIAMI, FLORIDA 33131	Change
MGR	Marcelo Mitenna	C/O WNF LAW, P.L.	₽ Add
		1111 BRICKELL AVENUE, SUITE 2200	Remove
		MIAMI, FLORIDA 33131	Change
			D Add
			Remove
			SPRomoval D
			□ Remove
			_D Change

D. If smending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
			
			
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	000): 03	-
			
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	ant to 605, of be liste	.0207 (3 :d as th	v)(p)
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the b). The 90th day after the record is filled.	e earlie	r of:	
Dated May 4th , 2016			
Signature of a member or authorized representative of a member			
RUBENBERMED, Manager hy: Kristine Roy, Attorney-in-Fact Typed or printed name of signec	 _		
typed of printed dame of signed			

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Filing Fee: \$25.00