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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALPHA BUSINESS CONSULTING, LLC

Account Number : 120080000061

Phone

: (407)582-9830

Fax Number

: (407)601-6393

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN. PACOTE COMPLETO, LLC

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# Alpha 4072947677 >> 850-617-6381

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	PACOTE CO	OMPLETO, LLC				
SUBJECT:			ed Liability Company			
The enclose	d Articles of A	mendment and fee(s) are subm	itted for filing.			
Please retur	n ail correspon	dence concerning this matter to	the following:	14 cm 2 cm		
		MARIA PINHEIRO				
			Name of Person			
		ALPHA BUSINESS CONS	ULTING, LLC			
			Firm/Company			
		6412 W COLONIAL DR			<u> </u>	
			Address			
		ORLANDO, FL 32818				
			City/State and Zip Co	ode		
		pinhoiromaria@att.not				
		E-mail address: (t	o be used for future and	mal report notifica	tion)	
For further	information co	oncerning this matter, please on	H:			
MARIA P	INHEIRO		407 nt ()	582-9830		-
· · · · · · · · · · · · · · · · · · ·	Name of	Person	Area Code	Daytime T	elephone Number	
Enclosed i	s a check for th	ne following amount:				
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; I	Mailing Address Registration Solvision of Co. Box 632 Fallahassee,	Section Corporations 27	Reg Div The 241	et Address: pistration Section of Corporation of Tail Centre of Tail N. Monroe lahassee, FL 3	orations Ilahassee Street, Suite 810	

## Alpha 4072947677 >> 850-617-6381 ARTICLES OF AMENUMENT

## TO

### ARTICLES OF ORGANIZATION OF

PACOTE COMPLETO, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears ( nited Liability Company) 1	on our records.)
	1	
The Articles of Organization for this Limited Liability Com	pany were filed on 0770	1/2015 and assigned
Florida document number L15000114500	# P	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	Lliability company her	<u>e</u> :
RED DESIGN SERVICES, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	122	
(Principal office address WOST BE ASTROCT ADDRESS	1	
Enter new mailing address, if applicable:		5.00
(Mailing address MAY BE A POST OFFICE BOX)		
	11	
B. If amending the registered agent and/or registered of	Con address on our re	cords, enter the name of the new registered
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	mice address on our re	SI D C
agent and the new regimes to detect		nnp 
Name of New Registered Agent:	1	
Name of New Registered Agent.		
New Registered Office Address:	Enter Flöri	ida street address
	4	m :1
	Ciry 1	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	· 1	
New Repistered Agent's Signature, it changing regarded	d some to got in this	capacity. I further goree to comply with the
I hereby accept the appointment as registered agent are provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	nniete neriormance di	my duties, and I am junition with and
being filed to merely reflect a change in the registered company has been notified in writing of this change.	office address, I hereb	by confirm that the limited liability
	The state of the s	
	If Changing Registered As	ent, Signature of New Registered Agent
	51	

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an effective date, if other than the di an effective date is listed, the date must b lote: If the date inserted in this bloc ocument's effective date on the Dep	e specific and cannot be prior to date or t k does not meet the applicable statu	filing or more than 90 days after filir	ig.) Pursuant to 605.020
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