## 45000171618

| (Requestor's Name)                      | _ |
|---|---|
| (Address)                               | _ |
| (Address)                               |   |
| (City/State/Zip/Phone #)                |   |
| PICK-UP WAIT MAIL                       |   |
| (Business Entity Name)                  |   |
| (Document Number)                       |   |
| Certified Copies Certificates of Status |   |
| Special Instructions to Filing Officer: |   |
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## **COVER LETTER**

| FO: Registration Se<br>Division of Cor |  |  |
|--|--|--|
|  | GROUPLLC   |  |
| SUBJECT:                               | Name of Limited Liability Company  |  |
| The enclosed Articles of               | Amendment and fee(s) are submitted for filing.   |  |
| Please return all correspo             | ondence concerning this matter to the following:   |  |
|  | BERENICEIPIA-FELICIANO   |  |
|  | Name of Person   | <u> </u>   |
|  | PRATSFERNANDEZ& COPA   |  |
|  | Firm/Company   |  |
|  | 999 PONCEDE LEON BLVD. STE.1110PH  |  |
|  | Address  |  |
|  | CORAL GABLES, FL 33134   |  |
|  | City/State and Zip Code  |  |
|  | ADMIN@PRATSFERNANDEZ.COM  E-mail address: (to be used for future annual report                                       | notification)  |
|  |  | ,  |
| For further information of             | concerning this matter, please call:   |  |
| BERENICEIPIA-FELI                      | ICIANO 305 444833  |  |
| Name o                                 | of Person at ()  Area Code Da  | sytime Telephone Number  |
| Enclosed is a check for t              | the 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

| REDITUSGROUPLLC   |  |                          |
|---|--|--------------------------|
| (Name of the Limited Liability Comp.<br>(A Florida Limited  | any as it now appears on our records.)<br>Liability Company) |                          |
| The Articles of Organization for this Limited Liability Company   |  | and assigned             |
| lorida document number L15000171618   |  |                          |
| This amendment is submitted to amend the following:   |  |                          |
| A. If amending name, enter the new name of the limited lial   | bility company here:   |                          |
| The new name must be distinguishable and contain the words "Limited Liab  | ility Company," the designation "LLC" or th                  | ne abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |  |                          |
| Principal office address MUST BE A STREET ADDRESS)  |  | <u> </u>                 |
|   |  |                          |
|   |  | Y 2                      |
| Enter new mailing address, if applicable:   |  |                          |
| Mailing address MAY BE A POST OFFICE BOX)   |  | AM IO:                   |
|   |  |                          |
|   |  | E GH                     |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he | office address on our records, <u>en</u><br>re:              | ter the name of the nev  |
| 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 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>      | <u>Address</u>                 | Type of Action |
|--------------|------------------|--------------------------------|----------------|
| MGR          | MEJIA, JUAN D    | 1001 Brickell Bay DR. Ste 1504 | Add            |
|              |                  | Miami, FL 33131                | ■ Remove       |
|              |                  |                                | Change         |
| MGR          | ZAMBRANO, JUAN A | 1820 N Corporate Lakes Blvd.   | <b>_</b> Add   |
|              |                  | Weston, FL 33326               | Remove         |
|              |                  |                                | Change         |
|              |                  |                                | Add            |
|              |                  |                                | Remove         |
|              |                  |                                | ☐ Change       |
|              |                  |                                | Add            |
|              |                  |                                | □ Remove       |
|              |                  |                                | ☐ Change       |
|              |                  |                                | Add            |
|              |                  |                                | ☐ Remove       |
|              |                  |                                | Change         |
|              |                  |                                |                |
|              |                  |                                | Remove         |
|              |                  |                                | Change         |

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|   |                                       |  | (optiona                    |                         |
| ective date, if other than the date of<br>effective date is listed, the date must be spe<br>e: If the date inserted in this block do<br>ument's effective date on the Departm | es not meet the applica               | o date of filing or in<br>hie statutory filing | ore than 90 days after fili | ng ) Pursuant to 605 02 |
| record specifies a delayed effective he 90th day after the record is  | ctive date, but not<br>filed.         | an effective t                                 | ime, at 12:01 a.n           | n. on the earlier       |
| ed May 16   | 2018                                  | <u>.</u> .                                     |                             |                         |
|   | ( c                                   | <u> </u>                                       |                             |                         |
| Signati   | are of a member of seation            | mon tebresentative                             | ога пістосі                 |                         |
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Filing Fee: \$25.00