

(((H24000112875 3)))



H240001128753ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

**CHANNI SHOULD Email Address:_ SHOULD Email Address:_ CONTROL Email Ema LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REDFEARN CAPITAL MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON

MAR 2 6 2024

那时代726

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: 457996E3-F190-4D7A-8A99-532A66D33490

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on ou	r records.)		
The Articles of Organization for this Limited Liability Company of Florida document number L15000212733			and assigne	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designati	on "LLC" or the abb	reviation "L.L.C.	
Enter new principal offices address, if applicable:				SIN KIR
(Principal office address MUST BE A STREET ADDRESS)				
			1	<u></u>
			•	
Enter new mailing address, if applicable:			2,1	
(Mailing address MAY BE A POST OFFICE BOX)				-
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ddress on our records		of the new re	gistere
	, Florida			
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my di rovided for in Chapte	uies, and Lam fo er 605, F.S. Or,	imiliar with a if this docume	nd

If Changing Registered Agent, Signature of New Registered Agent

© 03/26/2024_3:36 AM 14154847068 → 18506176383 pg 3 of 4

DocuSign Envelope ID: 457996E3-F190-407A-8A99-532A66D33490
H amenung Authorized rerson(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>	<u>Address</u>	Type of Action
AMBR	Alexander Redfearn	110 SE 2nd Street, Suite 101	□Add
		Delray Beach, FL 33444	■Remove
			□Change
MGR Redie	Redfeam Capital, LLC	110 SE 2nd Street, Suite 101	■Add
		Delray Beach, FL 33444	□Remove
			□Change
			□Add
			☐Change ~
			-
			□ Remove
			□ Change
	,		□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

). If amending any other inform	nation, enter change(s) here: (Attach addition	ual sheets, if necessary.)

		- 10 to 10 t
		2024
		~ ·
		· · ·
		. 1
Effective date if other than th	e date of filing:	(optional)
(If an effective date is listed, the date in	ust be specific and cannot be prior to date of filing or mor block does not meet the applicable statutory filing	re than 90 days after filing.) Pursuant to 605,0207 (3)(b)
the record specifies a delayed effect ford is filed.	ive date, but not an effective time, at 12:01 a.m. or	n the earlier of: (b) The 90th day after the
Dated March 26	2024	
Docustigned by:		
<u>lles ander f</u>	lefficial Signature of a member of authorized representative of	of a member
Alexander P. Redfear		
	Typed or printed name of signee	•