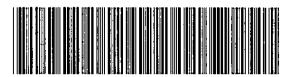


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COVER LETTER

TO:	Registration Sec Division of Corp			
eun u	GO RED LI	LC		
SORTI	ECT:	Name of Limi	ted Liability Company	
The en	nclosed Articles of a	Amendment and fee(s) are subt	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		LUCIA VILLALON		
		Name of Limited Liability Company Amendment and fee(s) are submitted for filing. dence concerning this matter to the following: LUCIA VILLALON Name of Person		
			Firm/Company	<u> </u>
		60 SW 13 ST 5214	Λ	
			Address	
		MIAMI FL 33130		
			City/State and Zip Code	
	Division of Co GO RED JECT: enclosed Articles of the return all correspondence return all cor	E-mail address: (to be used for future annual report notifi	cation)
For fu	rther information c	oncerning this matter, please ca	all:	
LUCI	A VILLALON		at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for tl	ne following amount:		
□ \$1	25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

GO RED LLC	Company of it now appears on our records	
(A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Conflorida document number L16000068392	mpany were filed on $\frac{04/06/2016}{}$ and assign	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
LITIO17 LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "L.L.C" or the abbreviation "L.L.C	. ·- . ·
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	SSS)	
	בי לכן	<u> </u>
	A33 26	<u></u>
Enter new mailing address, if applicable:	SET 26 M	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	FLOS T	
	3.	
Name of New Registered Agent:	ered office address on our records, enter the name of ess here:	the
New Registered Office Address:	Emer Florida street address	
The Miles of the M	CHIEF CIOFIGG SIFECT (GGG ESS	
	, Florida	

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>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
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`an effecti <u>Vote:</u> - If t	date, if other than ive date is listed, the date the date inserted in the is effective date on the	e must be specific an is block does not	nd cannot be prior to meet the applical	ole statutory filing	re than 90 days afte	i onal) r filing.) Pursuant to 60 is date will not be list	5.0207 (ted as t
e recor The 90	rd specifies a dela Oth day after the	ayed effective record is filed	date, but not I.	an effective ti	me, at 12:01	a.m. on the earli	er of
Dated	/12/2019		· .	-· /////	U .		
		Signature of a	a member or author	ized representative of	of a member		
		ammur of a	eviicei in mantiil	//			
				/a l			

Page 3 of 3

Filing Fee: \$25.00