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(Re	questor's Name)	<u>.</u>
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PICK-UP	☐ WAIT	MAIL
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#### **COVER LETTER**

Redcon1 I	J.C		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jonathan Manfre, Esq.		
	Redcon1, LLC	Name of Person	
	701 Park of Commerce Bl	Firm/Company lvd., Suite 100	<del></del>
	Boca Raton, FL 33487	Address	
	Jmanfre@redcon1.com	City/State and Zip Code to be used for future annual report notif	
For further information c	n-mail address. (i oncerning this matter, please ca	·	icanon
Jonathan Manfre		516 287-8500	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ю 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 Fec. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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

Redcon1, LLC			
(Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now appears on our records hability Company)	<u>.)</u>
The Articles of Organization for this Limited L  Clorida document number	iability Company	were filed on	and assigned
his amendment is submitted to amend the following	owing:		
A. If amending name, <u>enter the new name o</u>	f the limited liabi	ility company here:	
he new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		701 Park of Commerce Blvd, 8	Suite 100
		Boca Raton, FL 33487	
Enter new mailing address, if applicable:  'Mailing address MAY BE A POST OFFICE	ROY)	701 Park of Commerce Blvd, 8 Boca Raton, FL 33487	Suite 100
maining waters may be ATOST OFFICE.	<u>box</u> į		2019 7A
B. If amending the registered agent and registered agent and/or the new registered of	•	•	55. 00
Name of New Registered Agent:			AH 8:
New Registered Office Address:	701 Park of Co	ommerce Blvd, Suite 100	$\sim \omega$
		Enter Florida street address	
	Boca Raton	Flo	rida
		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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			Remove
			☐ Change
			Remove
			☐ Change
			Add
			□ Remove
			Change
	<del></del>	<del></del>	
			□ Remove
			Change

Boca Raton, FL 33487		_
Change address for authorize	ed person - Singerman, Aaron to 701 Park of Commerce Blvd, Suite 100	-
Boca Raton, FL 33487		_
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an effective date is listed, the date must	date of filing:	
e record specifies a delayed The 90th day after the reco	effective date, but not an effective time, at 12:01 a.m. on the earli	er of
October 10 Pated	2019	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00