# 1/8000019422

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## **COVER LETTER**

то:	Registration Se Division of Co				
SUBJI		ot Bags, LLc			
3000	<u> </u>	Name of Lin	nited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Steven Dloogoff			
			Name of Person		
		Red Parrot Bags, LLc			
Firm/Company					
	3418 Franklin Avenue				
			Address		
		Coconut Grove, Florida	33133		
			City/State and Zip Code		
		tobers2012@gmail.com			
		E-mail address: (	to be used for future annual report notif	ication)	
For furt	ther information c	oncerning this matter, please c	all:		
Stever	n Dioogoff		305 987-4509		
	Name o	f Person	at () Area Code Daytime	: Telephone Number	
Enclose	ed is a check for th	ne following amount:			
<b>\$</b> \$25	i.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

Red Parrot Bags, LLc			
( <u>Name of the Limited L</u> (A F	iability Compa Iorida Limited	ny as it now appears on our Liability Company)	records.)
he Articles of Organization for this Limited Liabil	lity Company	were filed on 01/22/201	8 and assigned
orida document number L 18000019422	·		
his amendment is submitted to amend the following	ng:		
. If amending name, enter the new name of the	e limited liab	ility company here:	
ted Rabbit Bags, LLC			
he new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designatio	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable	2:	Same	רים
Principal office address MUST BE A STREET ADDRESS)		Same	
		Same	
nter new mailing address, if applicable:		Same	
(Mailing address MAY BE A POST OFFICE BOX)		Same	- :
		Same	ξ ,
. If amending the registered agent and/or egistered agent and/or the new registered office			ecords, <u>enter the name of the</u>
Name of New Registered Agent:	√/A		
New Registered Office Address:	1/A		
		Enter Florida street	t address
<u> </u>	1/A		, Florida N/A
_		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>	Address	Type of Action
N/A	N/A	N/A	
			☐ Remove
1			Change
		<del> </del>	Add
			☐ Remove
			Change
	<del></del>		
			□ Remove
			☐ Change
			Add
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			☐ Change
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			Remove
			☐ Change

N/A				
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	N/A			
ctive date, if other than th	e date of filing:		(optional)	
effective date is listed, the date mu e: If the date inserted in this b	ust be specific and cannot be prioble block does not meet the applications.	r to date of filing or more cable statutory filing re	than 90 days after filing, equirements, this date	) Pursuant to 605.0 will not be listed
ument's effective date on the I			•	
ecord specifies a delaye	ed effective date, but no	ot an effective tim	e, at 12:01 a.m.	on the earlie
ne 90th day after the re	cord is filed.			. [7]
Fahruary 0	2040			
February 9 ed	2018	·		
				_
$\circ$	Spenature of a member or auth			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00