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COVER LETTER

TO: Registration Se Division of Cor						
Red hawk I	Distributors LLC					
SUBJECT:	Name of Limi	led Liability Company				
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.				
Please return all correspondence	ondence concerning this matter t	o the following:				
	Rafael Madan					
		Name of Person				
	Red Hawk Distributors LLC					
Firm/Company						
7200 SW 79th Ct.						
	Miami, FL 33143					
		City/State and Zip Code				
	rafmad@att.net	to be used for future annual report notifi	ication)			
T. C. d in Execution			, and the second			
	concerning this matter, please ca					
Rafael Madan		786 208-8860 at ()				
Name (of Person	Area Code Daytime	Telephone Number			
Enclosed is a check for t	he 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

TO ARTICLES OF ORGANIZATION OF

Red Hawk Distributors LLC		
(Name of the Limited Liability Co. (A Florida Lim	ompany as it now appears on our records ited Liability Company)	<u></u>)
he Articles of Organization for this Limited Liability Comp 1.18000110452 Iorida document number	pany were filed on April 30, 2018	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
Red Hawk Strategic Advisors LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
	,	20.2
		IB JU
inter new mailing address, if applicable:		AHAS AHAS
Mailing address MAY BE A POST OFFICE BOX)		SEE . 7
runng man ess mm 22211 Cogs of Figs accept		m R m
		[2] on [1]
 If amending the registered agent and/or registeregistered agent and/or the new registered office address 	ed office address on our records <u>s here</u> :	s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S
	Flo	orida
	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

or removed from our records.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u></u>			Add
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	June 4, 2018			
E. Effect	tive date, if other than the date of filing: (optional)			
(II an et Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing If the date inserted in this block does not meet the applicable statutory filing requirements, this date) Pursua will no	int to 60: it be list	5.0207 (3)(b) ed as the
	nent's effective date on the Department of State's records.			
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the	e earli	er of:
(b) The	e 90th day after the record is filed.			
	June 4, 2018			
Dated				
	plant Uforder			
	Signature of a member or authorized representative of a member	 -		
	Rafael Madan			

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee