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## **COVER LETTER**

	Registration Se Division of Corp					
eun te <i>e</i>	RED TV, L	LC				
SUBJEC'	Name of Limited Liability Company					
The enclo	sed Articles of	Amendment and fee(s) are subr	mitted for filing.			
Please reti	urn all correspo	ndence concerning this matter t	to the following:			
		Bronya Glazer				
			Name of Person			
		Best Income Tax Help				
			Firm/Company	<del></del>		
		26 Diplomat Parkway Unit 2C				
			Address			
		Hallandale,FL 33009				
		bgbookkeepingtax@aol.c	City/State and Zip Code om			
		E-mail address: (t	to be used for future annual report notifi	cation)		
For furthe	er information e	oncerning this matter, please ca	ill:			
Bronya (	Glazer		786 2534789			
	Name o	f Person		Telephone Number		
Enclosed	is a check for th	ne following amount:				
\$25.0	0 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:

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 Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

RED TV, LLC		
( <u>Name of the Limited Lial</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on June 12 2018	and assigned
Florida document number L18000144541	·	
This amendment is submitted to amend the following	:	
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
		NOF WORS
Enter new mailing address, if applicable:		2 95
Mailing address MAY BE A POST OFFICE BOX)		
	-	<b>X</b>
		7 25 2 55
3. If amending the registered agent and/or re	gistered office address on our records, <u>e</u>	nter the name of the r
egistered agent and/or the new registered orner a	duics nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	<b>a</b> Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I fi 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
MGR	DZMITRY VASILEVICH	2158 FLORIDA BLVD	
		NEPTUNE BEACH FL 32266	Remove
			☐ Change
MGR	DZMITRY VASILEUSKI	2158 FLORIDA BLVD,	
		NEPTUNE BEACH FL 32266	☐ Remove
		<u></u>	☐ Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
			Change
			Remove
			☐ Change
			□ Remove
			□ Change

Thank you	
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tive date, if other than the date of filing:  flective date is listed, the date must be specific and cannot be prior to date of filing or more.  If the date inserted in this block does not meet the applicable statutory filing rement's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 6 equirements, this date will not be li
ecord specifies a delayed effective date, but not an effective time e 90th day after the record is filed.	e, at 12:01 a.m. on the ear
06/15/2018 J	
Signature of a member or authorized representative of a	
Signature of a member or authorized representative of:	ı member

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Filing Fee: \$25.00