48000182282

(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	·
(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:

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COVER LETTER

TO:

TO:	Registration S Division of Co				
SUBJE	FCT∙	Red Bear	Marketing LLC		
SUDUI		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:		
			Jason R Bovery		
			Name of Person		
		R	ed Bear Marketing	LLC	
			Firm/Company		
	3207 SW 15th Ave Apt S				
			Address		
		Fo	rt Lauderdale, FL 33	315	. <u>.</u> 10
	City/State and Zip Code				il. of
			armarketingllc@gn to be used for future annual		10 1111
For fur	ther information o	concerning this matter, please c		,	
, or run		oncerning and marcer, proude o			
		R Bovery	at (<u>786</u>)	494 4599 Daytime Telephone Number	<u></u>
	уатье с	n rerson	Area Code	рауние тенерионе наиное	
Enclose	ed is a check for ti	he following amount:			
⊠ \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is end	Certificat closed) Certified	e of Status &
		ING ADDRESS:		T/COURIER ADDRESS:	
		ration Section on of Corporations	Division	tion Section of Corporations	
		ox 6327	Clifton E	Building	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Red	Bear Marketing LLC		
(<u>Name of the Limited Liab</u> (A Flor	ility Company as it now appear ida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	07/30/2018	and assigned
Florida document numberL18000182282	 ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company he	ere:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		<u> </u>
Principal office address MUST BE A STREET ADI	ORESS)		·
-			<u> </u>
			754 754
Enter new mailing address, if applicable:			13 %
Mailing address MAY BE A POST OFFICE BOX)			- 1, 2;
		<u>.</u>	
 If amending the registered agent and/or reg registered agent and/or the new registered office ad 		our records, <u>ente</u>	r the name of the
Name of New Registered Agent:	Jason F	R Bovery	
	3207 SW 1	5th Ave Apt S	
New Registered Office Address:		rida street address	
	Fort Lauderdale	, Florida 🔇	33315
	City	, Pivilua _	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
MGR	Jason R Bovery	3207 SW 15th Ave Apt S	
		Fort Lauderdale, FL 33315	Remove
			☑ Change
			Add
			Remove
			Change
			Change
			🗅 Add
			□ Remove
			Change
			□ Remove
			Change
			Remove
			Change

. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
	
Note	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	ed
	Signifure of a member of authorized representative of a member
	•
	Typed or printed name of signee

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Filing Fee: \$25.00