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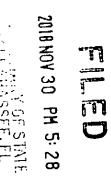
| (Requestor's Name)                      |
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# **COVER LETTER**

| TO:   | Registration Section Division of Corporations  |  |  |
|---|--|--|--|
| SUBJI   | ECT: Red Bac Solutions, LLC Name of Limited Liability Company  |  |  |
| The en  | closed Articles of Amendment and fee(s) are submitted for filing.  |  |  |
| Please  | return all correspondence concerning this matter to the following:   |  |  |
|   | Jesus Leal   |  |  |
|   | Division of Corporations  SUBJECT:    Red   Bag   Solutions   LLC     Name of Limited Liability Company      Please return all correspondence concerning this matter to the following:    Tesus   Lea       Name of Person     Led   Solutions   LLC     Final address   LUL   FL   34639     City/State and Zip Code     Lea   Tesus   Lea   Tesus   Lea     Femalia address: (to be used for future annual report notification)    Tesus   Lea   Tesus   Lea     Name of Person     Solutions   LLC     Funding address: (to be used for future annual report notification)    Tesus   Lea   Tesus   Lea     Name of Person   Name of Person     Solutions   LLC     Tesus   Lea   Tesus   Tesus     Name of Person   Name of Person     Solutions   LLC     Solutions |  |  |
|   | Red Bag Solutions, LLC   |  |  |
|   |  |  |  |
|   | LUL ; FL 34639   |  |  |
|   | Jeal 377 Jeal 777 egmail. com  |  |  |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Sus Lea |  |  |  |
|   |  |  |  |
| Enclos  | ed is a check for the following amount:  |  |  |
| <b>×5</b> 1∖ S2.  | Certificate of Status Certified Copy Certificate of Status & fadditional copy is enclosed) Certified Copy  |  |  |

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

FILED

| 2.0 B   | 94 Solution  | ns. LLC                         | 5018 MOA 30            | PM 5: 28   |
|---|--|---------------------------------|------------------------|------------|
| (Name of the Limited Liz<br>(A Flo  | ability Company as it now a prida Limited Liability Comp | ppears on our records.)<br>any) | TALLAHAS               | OF STATE   |
| The Articles of Organization for this Limited Liability Florida document number <u>L 18000199</u> 4                   |  | n 8-20                          | - / 8 and as           |            |
| This amendment is submitted to amend the following  | <b>7</b> -   |                                 |                        |            |
| A. If amending name, enter the new name of the Red Bag Ta  The new name must be distinguishable and contain the words |  |                                 | or the abbreviation "I | L.L.C."    |
| Enter new principal offices address, if applicable:   |  |                                 |                        |            |
| (Principal office address MUST BE A STREET AL   | DDRESS)  | <del></del>                     |                        |            |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX)                               | <u></u>  |                                 |                        |            |
| B. If amending the registered agent and/or re<br>registered agent and/or the new registered office a                  | egistered office address<br>ddress here:                 | s on our records,               | enter the name         | of the new |
| Name of New Registered Agent:   |  |                                 |                        |            |
| New Registered Office Address:  | Finter   | r Florida street address        |                        |            |
|   | Line   | , Flori                         | ida.                   |            |
|   | City   |                                 | Zip Code               |            |
| New Registered Agent's Signature, if changing Registe   | ared Agent.  |                                 |                        |            |

### 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 |
|--------------|-------------|--------------|----------------|
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|                                | ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
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| If an effective<br>Note: If th | date, if other than the date of filing:  |
| ne r <b>ecord</b><br>The 90t   | I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of th day after the record is filed. |
| Dated                          | November 26 2018   |
|                                | Signature of a member or authorized representative of a member   |
|                                | 1/.//  |

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Filing Fee: \$25.00