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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Amend

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COVER LETTER

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eun ivet.	Redboard L	I.C		
SUBJECT:	:	Name of Lim	ited Liability Company	
			<i>;</i>	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Abraham Joseph		
			Name of Person	
		Redboard LLC		
			Firm/Company	
		550 W 34th Street, Suite 28	800	
			Address	
		New York, NY 10001		
		aajoseph3@gmail.com	City/State and Zip Code	
		E-mail address: (i	to be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please ea	ıll:	
Abraham Jo	seph		312 622-7407	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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:

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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Redboard LLC	(4
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000219299</u> .	Liability Company) / were filed on September 14, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	550 W 34th Street, Suite 2800
(Principal office address MUST BE A STREET ADDRESS)	New York, NY 10001
Enter new mailing address, if applicable:	550 W 34th Street, Suite 2800
(Mailing address MAY BE A POST OFFICE BOX)	New York, NY 10001
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	·
A CONTROL OF THE PROPERTY OF T	

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

MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name AnaCristina Aguirre	Address 550 W 34th Street, Suite 2800	Type of Action
AMBR		New York, NY 10001	
		 -	□ Remove
			Change
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			□ Remove
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fective date, if other than the date of filing: (optional) (optional)	· · · · · · · · · · · · · · · · · · ·				<u> </u>
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ted June 19 2019 Signature of a member or authorized representative of a member	cument's effective date on the Dep	artment of State's record	i.	equirements, this date wi	in not be fisted a
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Filing Fee: \$25.00