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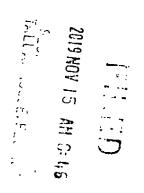
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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	REDFISH CON	ITENCTOR SERVICES UC	,
•	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NATHAN	P. HAINE Name of Person	
		Name of Person	
		Firm/Company	
	9050	EGRET COVE CIR Address	
		Address	
	RIVER	VIEW FL 33578 City/State and Zip Code	
		hcontractor e amail to be used for future annual report notif	com fication)
For further information c	oncerning this matter, please ca	all:	
NATHAN P.	HAINE		8 2151
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	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

ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF

KEDFISH CONTRAC	FOR SERVICES LC	<u> </u>		
(Name of the Limited Liability (A Florida	y Company as it now appears Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Co	ompany were filed on	8/8/2019	and assi	gned
Florida document numberL 19000202414				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit REDESH MULTE The new name must be distinguishable and contain the words "Limit	S	_		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the de	signation "LLC" or the a	bbreviation "L.I	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR.	<u>ESS)</u>			<u></u>
Enter new mailing address, if applicable:			2019	
(Mailing address MAY BE A POST OFFICE BOX)				4 ,
<u></u>			. 5	4
B. If amending the registered agent and/or registe		our records, enter	the name o	of the new
registered agent and/or the new registered office addr	<u>ess here</u> :		<u> </u>	
Name of New Registered Agent:			 	
New Registered Office Address:				
	Enter Florid	da street address		
	City	, Florida	Zip Code	
	Cuy		гір Соае	

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>	<u>Address</u>	Type of Action
•			
			Change
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			Remove
			Change
			□ Remove
			Change

Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier ϵ 90th day after the record is filed.
Dated	
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00