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COVER LETTER

Division of Co			
Ringside	Fire Protection,LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Reinerio Diaz		
		Name of Person	
	Ringside Fire Protection,I	LC	
		Firm/Company	
	133 NE 2ND AVE UNIT	209	
		Address	
	MIAMI, FL 33132		
	rd@ringsidefireprotection.	City/State and Zip Code com	11201 120 AU SARA 17-
	E-mail address; (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Reinerio Diaz		305 803-2304	
Name (of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	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

Ringside Fire Protection,LLC

2019 OCT -7 PH 3: 05

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida	a Chineu Clabinty Company)	•
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	on "L1.C" or the abbreviation "L.1.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ecords, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		, Florida
	City	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
Manag	Reinerio Diaz	133 NE 2ND AVE UNIT 209	
MGR	 	MIAMI, FL 33132	Add
			□ Remove
			□ Change
			Add
			Remove
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. If amending any other inf	formation, enter change(s) here: (Attach additional sheets, if necessary.)	
<u> </u>		
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Effective date, if other tha	on the date of filing: (optional)	
Note: If the date inserted in	ate must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 this block does not meet the applicable statutory filing requirements, this date will not be listed the Department of State's records.	
the record specifies a de) The 90th day after the	elayed effective date, but not an effective time, at 12:01 a.m. on the earlie e record is filed.	er of:
10/01	2019	
Dated		
	Signature of a member or authorized representative of a member	
	Reinerio Diaz	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00