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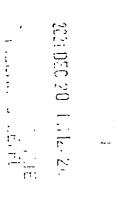
(Re	questor's Name)	
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Special Instructions to	Filing Officer:	

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A. BUTLER JAN - 5 2022

COVER LETTER

TO: Registration Se Division of Cor			
	oadshow, LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
	Brian Gamble		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Red Pill Roadshow, LLC.		
		Firm/Company	
	3502 NW 46th Pl.		
		Address	
	Cape Coral, FL 33993		
		City/State and Zip Code	
	briangamble@protonmail.c		
	É-mail address: (to be used for future annual report notif	ication)
For further information c	concerning this matter, please c	all:	
Brian Gamble		937 212-4433	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u>	ss:	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Red Pill Roadshow, LLC.	7691 PTO 00
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.)
The Articles of Organization for this Limited Liability	Company were filed on 09/24/2019 and assigned
Florida document number L19000240986	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADD	PRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
	City Zin 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 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	Alysia Gamble	3502 NW 46th Pl.	□ Add
		Cape Coral, FL, 33993 US	≣Remove
			Change
			□Add
			□ Remove
			□Add
			Remove
			□Add
			Remove
			Change
			\ \ \
		 	□ Remove
		-	□ Change
			□Add
			Remove
			Chance

UPDATING IRS CL	ASSIFICATION TO SINGLE-MEMBER	LLC (FILED)
		· · · · · · · · · · · · · · · · · · ·
		
		
	- -	
		
<u> </u>		
effective date is listed, the e: If the date inserted i	an the date of filing: date must be specific and cannot be prior to dat this block does not meet the applicable s the Department of State's records.	(optional) e of filing or more than 90 days after filing.) Pursuant to 605.020 statutory filing requirements, this date will not be listed as
ord specifies a delayed filed.	effective date, but not an effective time, a	at 12:01 a.m. on the earlier of: (b) The 90th day after the
DECEMBER 15	2021	
ed	2:/	
•/	Signature of a member or authorized	