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	TON LAW, PLLC			
SUBJECT:	Name of Lim	ited Liability Company		<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Christopher Alas			
		Name of Person	·····	
		Firm/Company		
	16300 NW 84th Ave			
		Address		
	Miami Lakes, FL 33016			
		City/State and Zip Code		<del>-</del>
	alas@theredemptionlaw.com		<u> </u>	
	E-mail address: (	to be used for future annual	report notification)	1
For further information of	concerning this matter, please c	all:		
Christopher Alas		786 376	51192	
Name (	of Person	Area Code	Daytime Teleph	none Number
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee of Certified Copy (additional copy is enc		S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed
Mailing Addre Registration		Street A	ddress: ation Section	
Division of C		-	n of Corporati	ons

P.O. Box 6327

Tallahassee, FL 32314

Registration Section

**Division of Corporations** 

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

REDEMPTION LAW, PLLC		_
(Name of the Limited Liability Company as it (A Florida Limited Liability	it now appears on our records.) y Company)	
The Articles of Organization for this Limited Liability Company were Florida document number $\frac{1.20000053717}{1.20000053717}$ .	filed on 03/04/2020 and a	issigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability c	company here:	
The new name must be distinguishable and contain the words "Limited Liability Cor	mpany," the designation "LLC" or the aboreviation	"L.L.C."
Enter new principal offices address, if applicable:		-17
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	pro-special
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	7 PH 4: 22	10 7,7 
B. If amending the registered agent and/or registered office addre agent and/or the new registered office address here:	ess on our records, <u>enter the name of the i</u>	new reg
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
C	Cuy Zip € o	de

#### 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 will 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 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

#### or removed from our records:

### MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	ALAS, CHRISTOPHER D, ESQ.	13590 SW 134TH AVE SUITE 110	□Add
		MIAMI. FL 33186	■Remove
			Change
MGR	ALAS, CHRISTOPHER	16300 NW 84TH AVE	□Add
		MIAMI LAKES, FL 33016	=Remove
			□Change
AMBR	ALAS, CHRISTOPHER	13590 SW 134TH AVE SUITE 111	<b>=</b> Add
		MIAMI, FL 33186	□Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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Affective date, if other to an effective date is listed, the Note: If the date inserted document's effective date	in this block does	not meet the ap	oplicable statutor	ng or more than 9 ry filing require	0 days after filing. ments, this date	) Pursuant to 605. will not be liste
record specifies a delayed is filed.	d effective date, bi	ut not an effecti	ve time, at 12:01	a.m. on the ea	rlier of: (b) Th	e 90th day after
November 5 Dated		2020				
pated		<del></del>	1// /			
		,	2/4/			
			//			
	Signature	of a member or	authorized represe	ntative of a men	ber	