## L200000 99488

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2020 APR 17 AH 10: 50 SECRETARY OF STATE

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

	nt of Company Name		
SUBJECT:	Name of Lim	ited Liability Company.	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Trevor E. Richards		
		Name of Person	
	THE RED COMPANNY I	LLC	•
		Firm/Company	<del></del>
	1392 Summit Pines Boule	vard, Apartment 634	
		Address	
	West Palm Beach, Florida	33415	
		City/State and Zip Code	
	trevorrichards917@gmail.co	om to be used for future annual report notifica	ation)
For further information c	oncerning this matter, please ca	•	,
Trevor E. Richards		561 7974239	
Name o	f Person		elephone Number
Enclosed is a check for the	ne 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 Addres Registration S	Section	Street Address: Registration Secti	
Division of C	orporations	Division of Corpo	rations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE RED COMPANNY LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 8, 2020 and assigned Florida document number L20000099488 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: THE BUSINESS RED COMPANY LLC The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	Name	Address	Type of Action
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			□ Remove
			□Change
			□ Add
			□Remove
			☐Change
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			Remove
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ffective date, if other than the date of filing:	( <del>4</del> 1)	
an effective date is listed, the date must be specific and cannot be prior to date of filing or	(optional) more than 90 days after filing.) Pursuant to 60	)5.02
ote: If the date inserted in this block does not meet the applicable statutory fil ocument's effective date on the Department of State's records.	ing requirements, this cate will not be its	stea
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. is filed.	n. on the earlier of: (b) The 90th day aft	er ti
ated April 12, 2020		
( ; Y)Do		

Filing Fee: \$25.00