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7/1/20

COVER LETTER

TO: Registration S Division of Co							
Cincy Red	s Tools, LLC						
Name of Limited 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:					
	Jill Waibel						
		Name of Person					
		Firm/Company					
	4300 Palmarito St.						
		Address					
	Coral Gables, FL 33146						
		City/State and Zip Code					
	jwaibelmd@miamidermlase	er.com to be used for future annual report notif	ication)				
For further information (concerning this matter, please co	·	reality.				
Tuisdie Fidler		at ()					
Name (of Person	Area Code Daytime	Telephone Number				
Enclosed is a check for t	the 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

ited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)	
iability Company	were filed on December 8, 2020	and assigned
lowing:		
of the limited liab	ility company here:	
words "Limited Liabi	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
	Coral Gables, FL 33146	1000000
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
office address her	<u>e</u> :	£ .
4300 Palmarito		 ဂ.
Cond Cobb		ديـ .
Coral Gables		3146 Zip Code
	lowing: of the limited liab words "Limited Liabi cable: ET ADDRESS) l/or registered of	words "Limited Liability Company," the designation "LLC" or the a cable: 4300 Palmarito St. Coral Gables, FL 33146 4300 Palmarito St. Coral Gables, FL 33146 Alor registered office address on our records, enter office address here: 4300 Palmarito St. 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.

f 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 = N $AMBR = A$	1anager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Change
			Remove
			Change
			Add
		 	☐ Remove
			Change
			□ Add
			Remove
			Change
			□ Remove
			Change

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. The 90th day after the record is filed.	
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The 90th day after the record is filed.) Pursuant to 605.020 will not be listed a
Dated 05/28/2021	on the earlier o
11 471 : 1 / 1 - 6	
(Ill_5 Waitel	
Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00