121000083817

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
-

Office Use Only



600368902956

2021 JUL -6 PH 5: 16

NUL 25 2021

COVER LETTER

	rision of Corp				
CUBICA	RED 5G, L	LĊ			
SUBJECT:		Name of Lim	ited Liability Company		
The encloses	d Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return	n all correspo	ndence concerning this matter	to the following:		
		BERENICE IPIA-FELICI	ANO		
			Name of Person		
		PRATS FERNANDEZ &	CO PA		
			Firm/Company		
		999 PONCE DE LEON BI	LVD. STE. 1110PH		~ 1
			Address		2021
		CORAL GABLES, FL 33	134	Ę.	2021 JUL -6
			City/State and Zip Code	 , .	9
		ADMIN@PRATSFERNAN		•	72 .
		E-mail address: (to be used for future annual report noul	ication)	ನು
For further i	information e	oncerning this matter, please c	all:		0)
BERENICE	E IPIA-FELIO	TIANO	305 444 8333		
	Name o	f Person	at () Area Code Daytime	e Telephone Number	
Enclosed is	a check for th	ne following amount:			
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fed Certificate of St Certified Copy (additional copy is e	atus &
Re	ailing Addrese		Street Address: Registration Sec Division of Cor		
Ρ.	O. Box 632	27	The Centre of T	allahassee	
Ta	allahassee,	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number L21000083817 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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.	RED 5G, LLC			
Florida document number L21000083817 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 regent and/or the new registered office address here:	(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name most be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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	The Articles of Organization for this Limited Liability Company	were filed on FEBRUARY 18, 2021	and assi	gned
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". 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 office address here: Name of New Registered Agent: New Registered Office Address:	lorida document number L21000083817			
Enter new mailing address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here: Name of New Registered Agent: New Registered Office Address:	This amendment is submitted to amend the following:			
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) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here: Name of New Registered Agent: New Registered Office Address:	A. If amending name, enter the new name of the limited liab	oility company here:		
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 office address here:	he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.l	C."
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter new principal offices address, if applicable:		. <u> </u>	
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Principal office address MUST BE A STREET ADDRESS)			
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:				
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 regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:				
B. If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter new mailing address, if applicable:	<u> </u>		
Name of New Registered Office Address:	Mailing address MAY BE A POST OFFICE BOX)			
Name of New Registered Agent: New Registered Office Address:	-			
Name of New Registered Agent: New Registered Office Address:				
Name of New Registered Agent: New Registered Office Address:	3. If amending the registered agent and/or registered office	address on our records, <u>enter the na</u>	me of the ney	<u>regist</u>
New Registered Office Address:	gent and/or the new registered write address here.		AL H	F
New Registered Office Address:	N. CN. B. install Agents			•
New Registered Office Address: Enter Florida street address	Name of New Registered Agent.		: 01	
	New Registered Office Address:	Exten Floreds street address	· <u> </u>	, d
. ස			ं क्ष	1,20
City Florida - :			7 in Colta	

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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	QUESADA, DIEGO F	P.O. BOX 140970	≣ Add
		CORAL GABLES, FL 33114	□Remove
			□ Change
		<u> </u>	□Add
			Remove
			□Change
			□Add □Add
			- 6
			☐ Ctbange
			Remove
			☐ Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□ Change

						· · ·			_
			<u></u>						_
				<u></u>		<u> </u>			_
									_
	·								_
								<u> </u>	_
								<u>-</u>	_
					<u>-</u>				_
									_
· · · · · · · · · · · · · · · · · · ·				_					
		•			_			-	
							27.1.	- 20	_
							MA.	.9021 Ju	— - Ça ş
									,
								6)	-21
ective date, if other than the da effective date is listed, the date must be	ite of filin	ε:				(optio	nal) :::	2:	3,34
effective date is listed, the date must be e: If the date inserted in this block ument's effective date on the Depa	cdoes not i	neet the ap	plicable s	of filing or tatutory fili	more than 90 ing requiren	days after the	tiling.) Pur date will	suant to (not be l	505.0207 isted as
cord specifies a delayed effective d s filed.	ate, but not	t an effectiv	e time, a	12:01 a.m	, on the ear	ier of: (b)	The 90	th day a	fter the
JULY 01		2021							
				7					
			-						

Filing Fee: \$25.00