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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 3 JG Red Beard Services LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Juan Waldemar Alvarez Franco Name of Person 33G Red Beard Services LLC Firm/Company
Firm/Company
4799 Terra Esmeralda Dr Address
Kissimmer FL 34746 City/State and Zip Code
Jwaf 1984@gmail.com E-mail address: (To be used for future annual report notification)
For further information concerning this matter, please call:
Tuan Alvarez at 407 946 0644 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
SS \$25.00 Filing Fee
Mailing Address: Pagistration Section Decistration Section

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

376 Red Bear Serv	VICES LLC	our records)
(<u>Name of the Limited Liability Com</u> (A Florida Limite	ed Liability Company)	741 144070327
The Articles of Organization for this Limited Liability Compa	ny were filed on O4	and assigned
Florida document number <u>L 21000 74699</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designa	ation "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 offic agent and/or the new registered office address here:	e address on our recor	ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
	City	, Florida
	City	Zip 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 Title Name Address **Type of Action** 4772 Terra Esmeralda Dr Badd Manuel Alvarez AMBR Kissimme FL 34746 □Remove □ Add _____ □Change ______ DAdd _____ □Remove □Remove _____ □Change

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ffective	date, if other than the date of filing:
ote: II	e date, if other than the date of filing:
beumen	t's effective date on the Department of State's records.
record : I is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	October 1 2021.
	tho tue
	Signature of a member or authorized representative of a member
	JUAN WAIDENIAR AVATER FRANCO Typed or printed name of signec
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Filing Fee: \$25.00