Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000351892 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations : (850)617-6383 Fax Number From: Account Name : ASSURED ACCOUNTING AND TAX SERVICES Account Number : I20180000048 ; (954)793-0353 Phone ; (954)944-3163 Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RED LED REPAIR, LLC. 0 Certificate of Status Certified Copy 04 Page Count \$25.00 Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(((H210003518923)))

RED LED REPAIR,	LLC. Liability Company Florida Limited Liab	as it now appears on our	records)	
The Articles of Organization for this Limited Liab Florida document number <u>L21000200644</u>	bility Company w	ere filed on <u>04/29/2</u>	2021	and assigned
This amendment is submitted to amend the follow	vina:			
A. If amending name, enter the new name of t		v company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liability	Company," the designati	on "LLC" or the a	boreviation "L.L.C."
Enter new principal offices address, if applica	bie:		<u> </u>	- 25. 28
(Principal office address MUST BE A STREET				<u> </u>
Enter new mailing address, if applicable:				P 20 AH 10
(Mailing address MAY BE A POST OFFICE E	<u>(OX)</u>			22 -
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office ad s here:	ldress on our record	s, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	ANDRE LA	ARINI FERREIRA	1	
New Registered Office Address:	412 S. POWI	ERLINE RD Enter Florida str	eel address	
	DEERFIELD	BEACH	, Florida _	
	_	City		ZIp Code
New Registered Agent's Signature, if changing F	legistered Azent:			rance to comply with the
I hereby accept the appointment as registered provisions of all statutes relative to the proparcept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete p stered agent as p registered office o	rovided for in Chapt	er 605, F.S. O nfirm that the	r, if this document is

(((H210003518923)))

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 (((H210003518923)))

Title	Name	Address	Type of Action
AMBR_	GALO PARTNERS, LLC.	4850 NE 28th AVE	
		LIGHTHOUSE POINT, FL 33064	(⊠Remove
			Change
<u>AMBR</u>	ANPRO REPAIR LLC	9599 TOWN PARK CIRCLE S	∆Add
		PARKLAND, FL 33076	□Remove
			Change
	<u>. </u>		□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			Change
			□Remove
	-		(((H21000351892 3)))

		<u> </u>
		
_		
	·	
		
		·
-		
	(optional	i)
firective	c date, if other than the date of filing: (optional tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this date	ig.) Pursuant to 605.0207 to will not be listed as
Note: IT	the date inserted in this blood does not insert and in the Department of State's records.	
documen		V_{k}
documen	on the earlier of: (b)	The 90th day after the
documen	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
documen e record s	1.	SEP
documen e record s rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) 1. September 20th , 202 b	SEP 20
documen e record s	1.	SEP