## LZ10002Z4018

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## **COVER LETTER**

TO:

**Registration Section** 

Division of Cor	porations		
Red Sea Ca	apital LLC		
SUBJECT:	Name of Lin	ited Liability Company	
			į
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Hannah TErhune		
	-	Name of Person	·····
	<del></del>	Firm/Company	<del></del>
	23 W Church St No 274		1
		Address	
	Selbyville DE 19975		
		City/State and Zip Code	
	info@capitalmanagementse		1
	E-mail address: (	to be used for future annual report notific	cation)
For further information of	oncerning this matter, please c	all:	
Hannah M Terhune		307 413-2212 at ( )	ļ
Name o	f Person		Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, B	Section Corporations 17	Street Address: Registration Sect Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Ilahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Red Sea Capital LLC		
( <u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records.) Company)	i .
ne Articles of Organization for this Limited Liability Company were fi	iled on May 13, 2021	and assigned
orida document number L21000224018		·
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liability co	mpany here:	
jep Investments LLC		
e new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the ab	breviation "L.L.C."
nter new principal offices address, if applicable:		1
rincipal office address MUST BE A STREET ADDRESS)		· .
		<del>.</del>
ter new mailing address, if applicable:		÷
ailing address MAY BE A POST OFFICE BOX)		
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		· · · · · · · · · · · · · · · · · · ·
If amending the registered agent and/or registered office address	on our records, enter the nam	e of the new regist
ent and/or the new registered office address here:	<u></u>	
		न्त्र- पू-
Name of New Registered Agent:		1
N B 1000 All		· · ·
New Registered Office Address:	Enter Florida street address	
	common of the war top	=:
	, Florida	
Cin	,	Zin 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
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Tective date, if other that	n the dete of filings	July 1, 2021	,	
in effective date is listed, the dat	te must be specific and car	nnot be prior to date of fil	ing or more than 90 days aff	tional) er filing.) Pursuant to 605.0
ote: If the date inserted in the cument's effective date on the	his block does not mee	t the applicable statute	ry filing requirements, the	his date will not be listed
		b records.		
ecord specifies a delayed eff	fective date, but not an	effective time at 12:0	lam on the earlier of	(b) The O0th day after
is filed.	and and out not all	and the time, at 12.0	Lann. On the earlier of	(v) inc your day after t
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ted		2021		
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	Tanne	ber or authorized repres	June	

Filing Fee: \$25.00