Division of Corporations

8/11/2021

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.

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Account Number : 104662003400 : (516)935-3940 Phone

Fax Number : (516)935-3088

**Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please **

APPROVALS.YES@GMAIL.COM

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RED BLUE VOICE LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H21000303124

RED BL	UE VOICE LLC		
(Name of the Limited Liability C (A Florida Lim	ompany as it now appears ited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Comp. Florida document number	oany were filed on	JULY 9, 2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Limited	I Liability Company," the c	lesignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		202 Si
			FO B
			10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:			<u> </u>
		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:	s here:	our records, <u>enter t</u>	ne name of the new
		PLES BLVD #1026	
New Registered Office Address:	Enter Florida street address		
	NAPLES	Florida	34109
· 	City		Zip Code
New Registered Agent's Signature, if changing Registered A	gent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compactent the obligations of my position as registered agen	l agree to act in this c plete performance of	my duties, and I am fa	miliar with and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SCHERMON WOODS	2120 STONE ABBEY BLVD	Add
		ORLANDO, FL 32828	■ Remove
AMBR	MICHAEL OLSHER	6305 NAPLES BLVD #1026	■ Add
		NAPLES, FL 34109	☐ Remove
			□ Add
			☐ Remove
			☐ Remove
			□ Remove
			□ Remove

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D. If amending	any other information, enter ch	inge(s) here: (Attach additional sheets.	if necessary.)	
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*, * · · · · · · · · · · · · · · · · · ·				
E. Effective date	e. if other than the date of filing:		(optional)	
(The effective dat the date this doc	te must be specific, cannot be prior to date cument is filed by the Florida Department	of receipt or filed date and cannot be more than 9 of State)	0 days after	
Dated	AUGUST 11	2021		
		RDJz		
	Signature of a m	ember or authorized representative of a member		
		MICHAEL OLSHER		
		Typed or printed name of signee	200	

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