Division of Corporations

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(((H21000304869 3)))

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

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## ARTICLES OF AMENDMENT

H210003Q4869 ARTICLES OF ORGANIZATION

RED BLUE \	/OIČE LLC				
(Name of the Limited Liability Compa (A Florida Limited L		rds.)	····	<del></del>	
The Articles of Organization for this Limited Liability Company Florida document number L21000316776	were filed onJULY 9	, 2021	and	assigne	ed
This amendment is submitted to amend the following:			T.	20:	
A. If amending name, enter the new name of the limited liabi	lity company here:			2021 AUG	11. 0 p 14 1
The new name must be distinguishable and end with the words "Limited Liabi	ility Company," the designation "L	LC" or the abb	breviatio	n FBL.C	
Enter new principal offices address, if applicable:	6305 NAPLES BLVD	#1026		72	1 , 1
(Principal office address MUST BE A STREET ADDRESS)	NAPLES, FL 34109		-:	<u></u>	ー <del>で</del> ジ
			∵.·	<u></u>	<del>-</del>
Enter new mailing address, if applicable:	6305 NAPLES BLVD	#1026	·		
(Mailing address MAY BE A POST OFFICE BOX)	NAPLES, FL 34109				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	14 •		he nar	ne of t	he <u>new</u>
Name of New Registered Agent:	MICHAEL OLS	HER			
New Registered Office Address:	6305 NAPLES BLV			_	
	Enter Florida street addre	ess			
	NAPLES F	lorida	Zip Co	109 	

## 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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	SCHERMON WOODS	2120 STONE ABBEY BLVD	
		ORLANDO, FL 32828	Remove
AMBR	MICHAEL OLSHER	6305 NAPLES BLVD #1026	# Add
		NAPLES, FL 34109	□ Remove
			□ Add
		D R	□ Remove
		C Ren	☐ Remove
<del></del>			☐ Add
		VOID TO THE TOTAL OF THE TOTAL	☐ Remove
			Remove

ii amendin	g any other intormation, en	ter change(s) here: (Attach addi	• • • • • • • • • • • • • • • • • • • •
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Effective da The effective of the date this d	ate, if other than the date of date must be specific, cannot be prior document is filed by the Florida Depa	filing: to date of receipt or filed date and cannor artment of State)	(optional) t be more than 90 days after
Dated	AUGUST 11	2021	
		RHZ	
_	Signature	of a member or authorized representation	ve of a member
		MICHAEL OLSHER	

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