# **Division of Corporations** Electronic Filing Cover Sheet

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(((H21000362574 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: DEALER CONSULTING SERVICES, INC.

Account Number: I20010000121 Phone

: (305)758-9001

Fax Number : (786)410-6035

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

CORPORATIONS@DCS-NETWORK.COM Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SEP 2 9 2021

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### RED CAPITAL NETWORK INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Sep 28, 2021 12:52 (UTC 04)

From: +17864106035 (DCS)

To: +18506176383

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Corporate Filing Menu

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#### **COVER LETTER**

From: +17864106035 (DCS)

(((H21000362574 3)))

TO: Registration Se Division of Cor					
RED CAPI' SUBJECT:	TAL NETWORK INVESTME	NTS LLC	( )		
SUBJECT:	Name of Lim	ited Liability Company	MA S		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	EP 28		
Please return all correspo	ndence concerning this matter	to the following:	<u> </u>		
	BIBI HURTADO		0.1		
		Name of Person			
	DEALER CONSULTING	SERVICES, INC.			
	Firm/Company				
	7537 NW 7TH AVE		1  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
		Address			
	MIAMI, FL 33150				
		City/State and Zip Code			
	CORPORATIONS @DCS-				
For further information c	E-mail address: ( oncerning this matter, please of	to be used for future annual report not	dication)		
BIBI HURTADO		305 758-9001			
Name o	f Person	at () Area Code Daytim	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy		
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection		
Division of C	orporations	Division of Co	rporations		
P.O. Box 632 Tallahassee, l		The Centre of 7 2415 N. Monro	Fallahassee be Street, Suite 810		

Tallahassee, FL 32303

DocuSign Envelope ID; B334346D-7DCD 415D-86D8 8109BF1E5B5F

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H21000362574 3)))

To: +18506176383

RED CAPITAL NETWORK INVESTMENTS LLC	NASIAN ISI
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	N SEP 28 med M 10: 1
The Articles of Organization for this Limited Liability Company were filed on and and	assigned HOL
Florida document number L21000376709	圣器
This amendment is submitted to amend the following:	当等
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation	ı "L.L.C."
Enter new principal offices address, if applicable:	<del></del> -
(Principal office address MUST BE A STREET ADDRESS)	
	<del></del>
Protection and the state of the Bankley	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
Manag maress MAT BE AT OST OTTICE BOA	
B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here:	new registered
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	
, Florida	
Cuy Zup C	ode
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 a provisions of all statutes relative to the proper and complete performance of my duties, and I am familian accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this company has been notified in writing of this change.	with and document is

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: B334346D-7DCD-415D-86D8 8109BF1E5B5F 11 amenuing Authorized rerson(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

(((H21000362574 3)))

To: +18506176383

<u>Title</u>	Name	Address	Type of Action
AMBR	Ramon A. Ordonez Arana	8450 NW 52ND ST	□Add
		DORAL, FL 33166	≘Remove
			□Change
AMBR	Claudia P. Olaya Botero	3950 SAN SIMEON LANE	□Add
		WESTON, FL 33331	
			Change
			□Add
			URemove
			□Change
			Remove
			□ Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□Change

To: +18506176383

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an effective	ate, if other than the date of date is listed, the date must be spec- date inserted in this block doe	ific and cannot be	e prior to date	of filing or more	than 90 days a	fler filing.) Pursua this date will no	nt to 605.0207 (
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	ifies a delayed effective date, t	out not an effec	tive time, at	12:01 a.m. on	the earlier of:	(b) The 90th o	lay after the
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ated	SEPTEMBER 27TH	2021					
	DocuSigned by:	<del></del> ,	·				
ateo							
мied	Eduardo Iva	r lama Ma	ica				

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