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(Requestor's Name)
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,
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(Document Number)
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SECRETARY OF STATE
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COVER LETTER

TO:		istration Sec sion of Corp				
SUBJEC	∵ т.		entures, LLC			
SUBJEC	ψ1.			ited Liability Company		
The encl	losed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn	alt correspon	dence concerning this matter	to the following:		
			Todd S. Mingo			
				Name of Person		
			RedLight Ventures, LLC			
				Firm/Company		
			980 N. Federal Hwy			
				Address		
			Boca Raton, FL 33432			
				City/State and Zip Code	•	
			tmingo@redlight.ventures			
			E-mail address: (t	to be used for future annual r	report notification)	
For furth	er in	formation co	ncerning this matter, please ca	all:		
Todd Mi	ingo			561 289 at ()	-7159	
	-	Name of	Person	Area Code	Daytime Teleph	one Number
Enclosed	l is a	check for the	following amount:			
■ \$ 25.	00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Red Light Ventures, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on Jan. 4, 2022	and assigned
This amendment is submitted to amend the following:		
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 I	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	5)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2022 OCT -3 SECRITARY FALLAHAS
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter the i</u>	name of the new register
Name of New Registered Agent:		ក ្រា
New Registered Office Address:	Enter Florida street address	
	F12J-	
	, Florida	Zip 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
AMBR	Himanshu Singh	980 N. Federal Hwy	□Add
		Boca Raton, FL 33432	■Remove
			Change
AMBR	John Ciccone	980 N. Federal Hwy	🖸 Add
		Boca Raton, FL 33432	■Remove
			□Change
		,	□Add
			🗀 Remove
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			□Add
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			not an effective	time, at 12:01	a.m. on the earl	ier of: (b) T	he 90th day afte	r the
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record s _l I is filed.	pecifies a delayed eff September 21	fective date, but r	2022	ر		• ,	ŕ	
record sp is filed.		fective date, but r		- /.		. ,	ŕ	
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Filing Fee: \$25.00