

122 000 120 288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

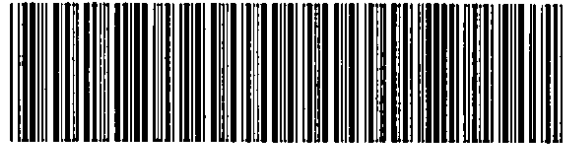
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APR 25 2022

04/26/22--01006--028 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 APR 25 AM 8:48

T. MATTHEWS

JUN 17 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REDEMPTION PROTECTION AGENCY L.L.C
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing

Please return all correspondence concerning this matter to the following

Guillermo GARCIA

Name of Person

REDEMPTION PROTECTION AGENCY L.L.C

Firm/Company

1214 NW 118th St

Address

Miami Florida, 33167

City/State and Zip Code

gpgarcia5234@gmail.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Guillermo GARCIA at 786-277-7516

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount

☒ \$25.00 Filing Fee
Guillermo GARCIA

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

22 APR 25 AM 8:48

REDEMPTION PROTECTION AGENCY L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number _____.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2212 nw 91st #1023

(Principal office address MUST BE A STREET ADDRESS)

Miami Florida 33147

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City 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 Changing Registered Agent, Signature of New Registered Agent

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated

April 20 2022



Guillermo GARCIA

Filing Fee: \$25.00