

| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

Registration Section

TO:

| Division of C | orporations | | · |
|---------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| itLash Ll | .C | | , |
| SUBJECT: | <u> </u> | ited Liability Company | |
| | | | |
| The enclosed Articles of | of Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corres | pondence concerning this matter | to the following: | |
| | Diana Sayarath | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 23150 Fashion Drive Suite | 231 | |
| | | Address | |
| | Estero, F1, 33928 | | |
| | | City/State and Zip Code | |
| | RREDEnterprises@gmail.c | | |
| | | to be used for future annual report noti | lication) |
| For further information | concerning this matter, please c | all: | |
| Diana Sayarath | | 239 271-8628 at () | |
| Name | e of Person | | e Telephone Number |
| Enclosed is a check for | the following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$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 Addi Registration Division of P.O. Box 63 Tallahassee | Section Corporations 327 | Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL | porations 'allahassee e Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| itLash LLC | |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | any as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number 1.22000181652 | were filed on 04/15/2022 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | pility company here: |
| RRED Enterprises LLC | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 23150 Fashion Drive Suite 231 |
| (Principal office address MUST BE A STREET ADDRESS) | Estero, FL 33928 |
| | 7024 555 |
| Enter new mailing address, if applicable: | 23150 Fashion Drive Suite 231 |
| (Mailing address MAY BE A POST OFFICE BOX) | Estero, FL 33928 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the name of the new regist |
| 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: | <u>:</u> |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete | |

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document i 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, <u>enter the title, name, and address of each person_being add or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|-------------|----------------|
| | | | □ Add |
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| an effecti ote: 1f | date, if other than the date of filing: |
| record s is filed | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ated | April. 18 2024. |
| | Signature of a member or authorized representative of a member |
| | V |
| | Diana Sayarath Typed or printed name of signee |