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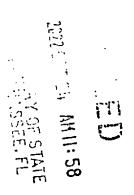
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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**PR. HUNT** 

## **COVER LETTER**

TO: Registration Se Division of Cor.		. :	
SUBJECT:	Rad MGMT	LLC	
	Name of Lim	ited Liability Company	<del></del> _
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	<u> </u>
	David	Shapiro Name of Person	ENCT 24 AMII: 58
	Red }	tospitality LLC	Y SEE SEE
	927 L	ncoln Rd # 2	200 A Fill 8
	Mirm	BEACH FL City/State and Zip Code	33139
	DSMAPIR	to be used for future annual report notification	STATE
For further information co	oncerning this matter, please of		mon)
	Shapiro	at(917)750	-4363
Name of	Person	Area Code Daytime T	elephone Number
Enclosed is a check for th	e 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 Address Registration S Division of Co P.O. Box 632 Tallahassee, F	dection / orporations 7	Street Address: Registration Section Division of Corporate Centre of Tal 2415 N. Monroe Stallahassee, FL 3	orations Jahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Red MGM	•
(Name of the Limited Liability Comp. (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 <u>L22000 22 \                             </u>	were filed on $5   1   22$ and assigned
This amendment is submitted to amend the following:	oility company here:
A. If amending name, enter the new name of the limited liab	oility company here:
4130 Dreams	s LLC 情 8
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	249 Marlberry arche Jupiter FL 33458
(Principal office address MUST BE A STREET ADDRESS)	Jupiter FL 3'3458
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	Rachel West Marlberry Circle
New Registered Office Address: 249	marlberry arcle  Enter Florida street address
<u> </u>	ter . Florida 33458  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>	Address	Type of Action
mgc	David Shapiro	1521 Alton Rd # 811	□Add
·		Miami Beach H 33139	Kemove
			□Change
mgr	Gabricle Braha 125ak	1521 Alton Rd #11	□Add
		Miami Beach Pl 33139	Le Remove
		· · · · · · · · · · · · · · · · · · ·	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
mgr	Rachel West	249 Martberry Circle	STOP STOP
	Jupiter FL 33458	STATE DEBLOVE	
			Change
			□Add
			□Remove
			Change
			□Add
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Filing Fee: \$25.00