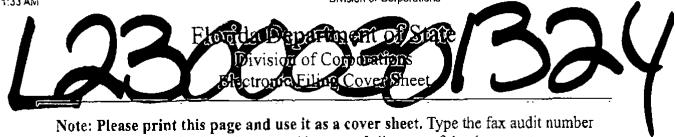
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Division of Corporations



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Division of Corporations

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From:

Account Name : DES-MATT, INC Account Number : I20180000078 : (352)223-3911 Phone : (863)318-8218 Fax Number

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

Email	Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RED GROUP INVESTMENTS, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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T. LEMIEUX - 1 2023

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RED GROUP INVESTMENTS, I	LC			
(Name of the Lim	ited Liability Comp (A Florida Limited	pany as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited I Florida document number <u>L23000301324</u>	Liability Compan	y were filed on <u>06/22/202</u>	.3	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited lia	bility company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Lial	oility Company," the designation	in "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
				<u> </u>
Enter new mailing address, if applicable:		.N/A		
(Mailing address MAY BE A POST OFFICE	E BOX			
				- 20 - 023
B. If amending the registered agent and/or agent and/or the new registered office addr		e address on our records	enter the name	of the new registe
Name of New Registered Agent:	N/A			
New Registered Office Address:				œ
¥		Enter Florida stree	t address .	9
			, 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 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MBR	Milton Barahona	12432 Stone Bark Trl. Orlando, FL 32824	□Add
			🗀 Remove
			\BChange
MGR	Luisa A Bohorquez	12432 Stone Bark Trl. Orlando, FL 32824	□Add
			■Remove
			□Change
MBR	Luis A. Bohorquez	12432 Stone Bark Trl. Orlando, FL 32824	\(\begin{align*}
			□Remove
			Change
MBR	Rodney Toro	12432 Stone Bark Trl. Orlando, FL 32824	
		·	□Remove
			⊟Change
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			□Remove
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N/A						
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ctive date, if other than th	e date of filing:		1	(0	optional)	(05.03
effective date is listed, the date in e: If the date inserted in this	ust be specific and ca block does not med	innot be prior to a et the applicabl	date of thing or mo e statutory filing	requirements	after filing.) Pursi , this date will r	iot be listed
ument's effective date on the				•		
cord specifies a delayed effect	ive date, but not ar	n effective time	, at 12:01 a.m. o	n the earlier o	f: (b) The 90ti	ı day after ti
ifiled.						
July 31		2023				
ed July 31			•			
	My Signature of ache	riam Pa	checo			
						
	Signature of authe	mber or authoriz	zed representative	of a member		

Filing Fee: \$25.00