## L24000367947



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## **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC'		PHANT, LLC		
SUBJEC	·	Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please rett	ırn all correspo	ondence concerning this matter	to the following:	
		Victor Areneibia		D S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  E Section Corporations
			Name of Person	
	•		Firm/Company	
		18204 Bittern ave		
			Address	
		Lutz, FL 33558		
		arencibia.victor@yahoo.co	City/State and Zip Code m	
		E-mail address: (	to be used for future annual report no	otification)
For furthe	r information c	oncerning this matter, please c	all:	
Victor Ar	encibia		813 377-7690 at ()	
	Name o	f Person	Area Code Dayti	ime Telephone Number
Enclosed i	s a check for the	he following amount:		
<b>■</b> \$25.00	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	lailing Addres		Street Address:	Continu
Registration Section Division of Corporations			Registration S Division of Co	
l,	O. Box 632	27	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RED ELEPHANT, LLC			
(Name of the Limite	d Liability Compa A Florida Limited	ny as it now appears on our record Liability Company)	<u>(s.</u> )
The Articles of Organization for this Limited Lie Torida document number 1.24000367947	ability Company	were filed on August 21, 2024	and assigned
his amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
he new name must be distinguishable and contain the wo	ards "Limited Liabi	lity Company "the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		18204 Bittern ave	of the above viation (2.12.C.)
Principal office address MUST BE A STREET	(ADDRESS)	Lutz	<u> </u>
		33558	
nter new mailing address, if applicable:		18204 Bittern ave	
Mailing address MAY BE A POST OFFICE E	<u>80X)</u>	Lutz	·
		33558	
3. If amending the registered agent and/or regent and/or the new registered office address  Name of New Registered Agent:		address on our records, <u>enter</u>	the name of the new regist
New Registered Office Address:	18204 Bittern :	we	
	Enter Florida street address		
	Lutz	, Flo	orida <u>33558</u>
		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

<u>Title</u>	Name	Address	Type of Action
		<del></del>	□ Add
			□Remove
			☐Change
			□Add
		*1-2	□Remove
			□Change
			□Add
			□Remove
		<del></del>	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		·	□Remove
			□Change

Effective date, if other than the date of filing:	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ledocument's effective date on the Department of State's records.  e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afred is filed.  Dated September 24  Victor Arencibia  10 11x55x/52848614Prophytics	_
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Victor Arencibia	