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COVER LETTER

TO: Registration Section Division of Corporations RED USA, LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Statement of Correction and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Gabriele Braha Name of Person GB Seven Investments, LLC 1330 West Avenue, #3101 MIAMI BEACH, FL 33139 City/State and Zip Code gbraha@redgroup.estate E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gabriele Braha Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ☐ \$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee & ■ \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST	: The nar	ne of the limited liability company is: RED U	SA, LLC		
	_				
SECOND: THIRD:		The Florida Document number of the limited liability company is: L12000032421 Document to be corrected is: 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REP			
X	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the constatement are as follows:			correct, and the corrected	
	The Authorized Person(s) Detail, naming SOLDATINI, MATTEO as MGR is incorrect because Mr Soldatini was no longer Member and was not Manager of RED USA, LLC				
	The correct statement is: Title MGR, Name BRAHA, GABRIELE, Address PO BOX 191862 City-State-Zip: MIAMI BEACH FL 33119				
	OR Was de	fectively signed. The manner in which the docume ws:	ent was defectively signed and	d the appropriate correction are	
				MAY 26 AMILIA	
	<u>OR</u>			Ric. / 22	
	The electronic transmission of the record was defective. Survivor Braille 05 20 2016				
		Signature of Authorized Representative		Pate /	
		w registered agent, if applicable :(NOTE: if correct signation).	ing the registered agent, the i	new registered agent must sign	
I hereb provisi obligat reflect	y accept ons of all ions of n	Agent's Signature, if changing Registered Agent: the appointment as registered agent and agree to a statutes relative to the proper and complete perfoing position as registered agent as provided for in Continuous in the registered office address, I hereby confirm to	rmance of my duties, and I an hapter 605, F.S. Or, if this do	n familiar with and accept the ocument is being filed to merely	
		Registered Age	nt's Signature		
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)		