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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

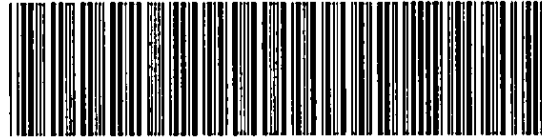
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000379569920

22 JAN 21 PM 2:20

T. MATTHEWS

JAN 27 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RED SEA USA LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yaniv Offir

Name of Person

RED SEA USA LLC

Firm/Company

5599 S. University Dr. #204

Address

Davie, FL 33328

City/State and Zip Code

vesfunding@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yaniv Offir

954

600-8873

at ( )

Name of Person

Area Code

Daytime 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 Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

22 JAN 21 PM 2:20

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	Yaniv Offir	5599 S. University Dr.	<input checked="" type="checkbox"/> Add
		#204	<input type="checkbox"/> Remove
		Davie, FL 33328	<input type="checkbox"/> Change
AMBR	Yaniv Offir	5599 S. University Dr.	<input checked="" type="checkbox"/> Add
		#204	<input type="checkbox"/> Remove
		Davie, FL 33328	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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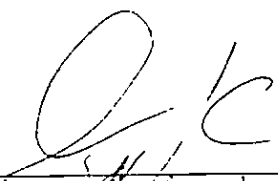
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E. Effective date, if other than the date of filing: 01/01/2022 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 1 2022

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Izhak Mamane  
\_\_\_\_\_  
Typed or printed name of signee