

L13000088839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

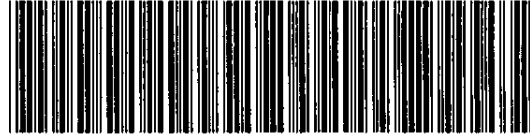
(Business Entity Name)

(Document Number)

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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

FEB - 9 2015

T. BROWN

Amended

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RED SQUARE HOLDINGS, 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:

JELENA GRADY

Name of Person

RED SQUARE HOLDINGS, LLC

Firm/Company

16850 COLLINS AVE 106-B

Address

SUNNY ISLES, FL 33160

City/State and Zip Code

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

For further information concerning this matter, please call:

JELENA GRADY

305 2150036  
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/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
15 JAN 29 PM 1:20  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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

**This amendment is submitted to amend the following:**

N/A

**Enter new principal offices address, if applicable:**

N/A

[illegible][illegible]

\_\_\_\_\_

**Name of New Registered Agent:**

N/A

**New Registered Office Address:**

Enter Florida street address

**, Florida**

City

Zip Code

*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.*

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	JELENA GRADY	19390 COLLINS AVE, APT 701	<input type="checkbox"/> Add
		SUNNY ISLES, FL 33160	<input checked="" type="checkbox"/> Remove
AMBR	JELENA GRADY	19390 COLLINS AVE 701	<input checked="" type="checkbox"/> Add
		SUNNY ISLES, FL 33160	<input type="checkbox"/> Remove
MGR	ROMAN BOKERIA	3161 S OCEAN DRIVE #503	<input checked="" type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

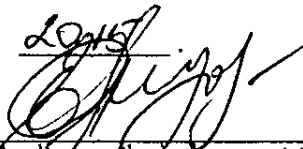
**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

N/A

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated 01/26, 2015



Signature of a member or authorized representative of a member

Terena GRADY

Typed or printed name of signer