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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
Red Square	Lending, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	. •
	Nicholas James Cicchetti		• 1
		Name of Person	
	Red Square Lending, LLC		
		Firm/Company	
	16850 Collins Ave 106-B		一
		Address	一一事
	Sunny Isles Beach, FL, 33	160	627 8
	nicholas@miamiredsquare.	City/State and Zip Code	PR 2
	-	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	ali:	1,7
Nicholas James Cicchett	i	305 749-5375	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
MAII	INC ADDRESS.	STREET/COURT	FD ADDRESS.

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Red Square Lending, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed lorida document number L13000171912	on Dec 31st, 2013 and assigned
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability comp	any here:
he new name must be distinguishable and contain the words "Limited Liability Company	
nter new principal offices address, if applicable:	न्त ज
Principal office address MUST BE A STREET ADDRESS)	このこの
Inter new mailing address, if applicable:	2 [
Mailing address MAY BE A POST OFFICE BOX)	5.52
B. If amending the registered agent and/or registered office addregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	
E	ater Florida street address
	, Florida 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 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>	Name	Address	Type of Action
AMBR	Red Square Holdings, LLC	16850 Collins Ave.	■ Add
		Sunny Isles Beach, FL, 33160	□ Remove
			_ Change
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			Remove
			
		·	———— ⊕Add
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			Change Add
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			□ Change
			Add
			☐ Remove
			☐ Change

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 		•	
			
ffective date, if other than the date	of filing:	(option	nal)
i an effective date is listed, the date must be s	specific and cannot be prior to date of t	ning or more than 90 days after it	ling.) Pursuant to 605.0
Note: If the date inserted in this block of document's effective date on the Depart		ory filing requirements, this c	late will not be listed
e record specifies a delayed eff	fective date, but not an effe	ective time, at 12:01 a.i	m. Ton the fearlie
The 90th day after the record	is filed.		:-12
	•		一一言
Dated August 20th	2015		27
			3
			12

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Filing Fee: \$25.00