



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2014

RED IT SERVICES LLC
ROLANDO VALDES
6640 SW 159TH PLACE
MIAMI, FL 33193

SUBJECT: RED IT SERVICES LLC
Ref. Number: L14000095716

We have received your document for RED IT SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 114A00019719

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RED IT SERVICES 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:

ROLANDO VALDES
Name of Person
RED IT SERVICES LLC
Firm/Company
6640 SW 159TH PLACE
Address
MIAMI FL 33193
City/State and Zip Code
ROLOSS_VALDES@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROLANDO VALDES at **(305) 299-0452**
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

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>
<u>S</u>	<u>EDUARDO VERA</u>		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
<u>S</u>	<u>ANGEL EDUARDO VERA</u>	<u>6640 SW 159th PL</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI, FL 33193</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 STATE OF FLORIDA
 TALLAHASSEE

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

EDUARDO VERA (INCORRECT NAME)

ANGEL EDUARDO VERA (CORRECT NAME)

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 OCTOBER 14, 2014

X 

Signature of a member or authorized representative of a member

ROLANDO VALDES

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA