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JUN 02 2017 S. YOUNG TALLAHASSEE LEGISTE

COVER LETTER

TO:	Registration Se Division of Cor			
CUDIE	Gold Squar	re Studios LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Esau Delke		
			Name of Person	
		Gold Square Studios LLC		
		V = 11 = 11 = 11 = 11 = 11 = 11 = 11 = 	Firm/Company	
		2880 forest cir		
			Address	
		jacksonville fl		30 7
		david@red62.com	City/State and Zip Code	HAY 30 PH 2: 56
For furt	her information c	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report not all:	ification)
esau de	lke		904 999-8388 at ()	
	Name o	d'Person		ne Telephone Number
Enclose	d is a check for th	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)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 3	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gold Square Studios LLC.		
(<u>Name of the Limited Liability</u> (A Florida	(Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number L15000090153	ompany were filed on 5/21/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Red 62 LLC.		
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3
Principal office address MUST BE A STREET ADDRI	ESS)	U WEST
		3 Pur
Enter new mailing address, if applicable:		23
Mailing address MAY BE A POST OFFICE BOX)		o 750
<u> </u>		
3. If amending the registered agent and/or registe	ered office address on our records, e	enter the name of the new
egistered agent and/or the new registered office addre	ess here:	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Floric	ła
	City	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>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			Add
			☐ Remove or
			Offinge The
			30 Add
			Add Mission
			Change
			□ Add
			☐ Remove
		production and the second seco	☐ Change
		<u>.</u>	Add
			☐ Remove
			☐ Change
			Remove
			□ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	
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	PH 2: 01
	_ 9 & ***
Effective date, if other than the date of filing:	to 605.0207 (3)(b) be listed as the
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the of the 90th day after the record is filed.	earlier of:
Dated 5/25 , 2017.	
Signature of a member or authorized representative of a member	
ESA Delke Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00