

L16000100365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2016 OCT 18 PM 12:21  
CLERK OF DISTRICT COURT  
AT DALLAS, TEXAS

K. SALY  
OCT 19 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 6, 2016

RED

RED 29 ST LLC  
MATTEO SOLDATINI  
P.O. BOX 191862  
MIAMI BEACH, FL 33119

SUBJECT: RED 29 ST LLC  
Ref. Number: L16000100365

RECEIVED  
2017 OCT 18 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for RED 29 ST 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):

The registered agent must sign accepting the designation.

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: 216A00021575

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** RED 29 ST 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:

MATTEO SOLDATINI  
Name of Person

RED 29 ST LLC  
Firm/Company

PO BOX 191862  
Address

MIAMI BEACH, FL 33119  
City/State and Zip Code

INFO @ REDGROUP. ESTATE  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTEO SOLDATINI at ( 786 ) 536-2106  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RMD 29 ST LLC

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

FILED  
2016 OCT 18 PM 12:21  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/23/16 and assigned  
Florida document number L16000100365.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

INVESTOR TWO LLC

New Registered Office Address:

435 21 ST # C04

Enter Florida street address

MIAMI BEACH

City

Florida 33139

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>	<u>Address</u>	<u>Type of Action</u>
MGR	RED USA LLC		<input type="checkbox"/> Add
		PO BOX 191862, MIAMI BEACH, FL 33119	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	INVESTOR TWO LLC	PO BOX 191862, MIAMI BEACH, FL 33119	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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FILED  
2016 OCT 18 PM 12:21  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

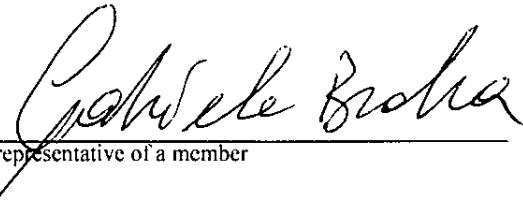
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 SEPTEMBER 27, 2016.



Signature of a member or authorized representative of a member

~~MAURO SQUATINI~~ GABRIELE BRAHA  
Typed or printed name of signer