

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000334904 3)))



H220003349043ABC.

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 SEP 28 AM 9:16

FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RED 18 LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

C. BRUMBLEY  
SEP 29 2022

Electronic Filing Menu

Corporate Filing Menu

Help

H22000334904 3

**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: RHD 18 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:

Roberto Camilo Matarraz

\_\_\_\_\_  
Name of Person

Red 18 LLC

\_\_\_\_\_  
Firm/Company

1776 Collins Avenue

\_\_\_\_\_  
Address

Miami Beach, FL 33139

\_\_\_\_\_  
City/State and Zip Code

camilo@confidencemgt.com

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

For further information concerning this matter, please call:

Roberto Camilo Matarraz

305 984-3092  
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 Address:**Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

H22000334904 3

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

H22000334904 3

RED 18 LLC

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

The Articles of Organization for this Limited Liability Company were filed on 2/10/2017 and assigned Florida document number L17000033632.

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)

1775 James Avenue

Miami Beach, FL 33139

**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:

Roberto Camilo Matarraz

New Registered Office Address:

156 Almeria Avenue, Suite 201

*Enter Florida street address*

Coral Gables

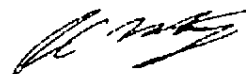
Florida 33141

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

H22000334904 3

H22000334904 3

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	Roberto Camilo Matarraz	156 Almeria Avenue, Suite 201	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Pedro Miguel Rodriguez, Jr	156 Almeria Avenue, Suite 201	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Oscar Alejandro Zarich	156 Almeria Avenue, Suite 201	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jorge Savloff	1111 Kane Concourse, Suite 217	<input type="checkbox"/> Add
		Bay Harbor Islands, FL 33154	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Marcelo Tenenbaum	1111 Kane Concourse, Suite 217	<input type="checkbox"/> Add
		Bay Harbor Islands, FL 33154	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H22000334904 3

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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, 2022

Roberto Camilo Matarraz

Typed or printed name of signee

**Filing Fee: \$25.00**