

L17 000 131544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

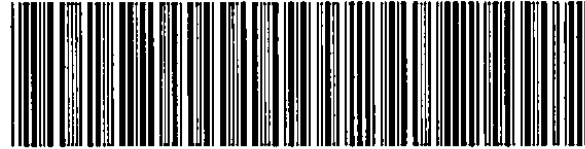
(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

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LHA
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T-SQUARE HOLDINGS

1200 ANASTASIA AVENUE, SUITE 310
CORAL GABLES FLORIDA 33134
305-967-5155
MARIO@MEDINA.COM

November 30th, 2020

To Whom It May Concern,

Attached are the amendments we want to make to T-Square Holdings LLC (L17000131544). These same amendments were sent on November 14th and received by you on November 16th. We are resending them because they were only partially entered (missing the Registered Agent and Managing Member names). We also included another check for \$60 to get this done in the off chance you do not agree with our assessment. Regardless this delay is jeopardizing COVID financing for our business. We implore you to please expedite this process.

Sincerely,



MARIO MEDINA | MANAGING MEMBER | T-SHUARE

Registration Section
Division of Corporations

CT: T-SQUARE HOLDINGS LLC
Name of Limited Liability Company

osed Articles of Amendment and fee(s) are submitted for filing.

eturn all correspondence concerning this matter to the following:

MARIO MEDINA
Name of Person

MOVEO, LLC
Firm/Company

1200 ANASTASIA AVENUE, SUITE 225 310
Address

CORAL GABLES, FL 33134
City/State and Zip Code

TED@DRVN.COM
E-mail address: (to be used for future annual report notification)

er information concerning this matter, please call:

OFFLY 305 905-0569
Name of Person at () Area Code Daytime Telephone Number

is a check for the following amount:

- ☐ \$0 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

**TO
ARTICLES OF ORGANIZATION
OF**

T-SQUARE HOLDINGS LLC

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

Articles of Organization for this Limited Liability Company were filed on 06/15/2017 and assigned document number L17000131544.

Amendment is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

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

New principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

1200 ANASTASIA AVENUE

SUITE ~~225~~ 310

CORAL GABLES, FL 33134

New mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

1200 ANASTASIA AVENUE

SUITE ~~225~~ 310

CORAL GABLES, FL 33134

Changing 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:

MARIO MEDINA

New Registered Office Address:

1200 ANASTASIA AVENUE, SUITE ~~225~~ 310

Enter Florida street address

CORAL GABLES

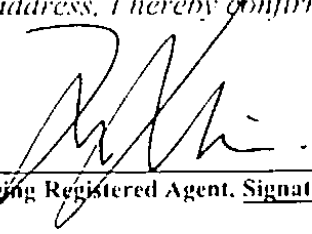
Florida 33134

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

ved from our records:

Manager
= Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PATRICIA A. WELDON	13428 Maxella Avenue	<input type="checkbox"/> Add
	Suite 415	<input checked="" type="checkbox"/> Remove
	Marina del Rey, CA 90292	<input type="checkbox"/> Change
MARIO MEDINA	1200 ANASTASIA AVENUE	<input checked="" type="checkbox"/> Add
	SUITE 225 310	<input type="checkbox"/> Remove
	CORAL GABLES, FL 33134	<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
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		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

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

Effective date, if other than the date of filing: _____ (optional)

If the 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)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the member's effective date on the Department of State's records.

If the date 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 date of filing.

NOVEMBER 12TH

2020

Patricia Weldon

Signature of a member or authorized representative of a member

PATRICIA A. WELDON

Typed or printed name of signee