

L19000094859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

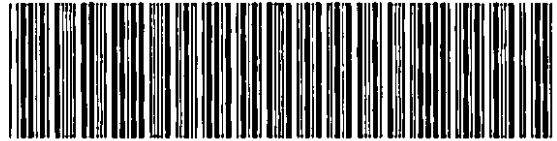
(Business Entity Name)

(Document Number)

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04/17/19--01031--022 \*\*25.00

STATE OF ALABAMA  
FILING OFFICE

2019 APR 17 PM 4:14

FILED

T. LEMMON  
APR 25 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RANDALL SQUARE 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:

JARA BUERO

Name of Person

Firm/Company

1002 E. NEWPORT CENTER DR.

Address

DEERFIELD BEACH, FL 33442

City/State and Zip Code

JARA@INSURANCECAREDIRECT.COM

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

For further information concerning this matter, please call:

JARA BUERO

Name of Person

at 954

Area Code

363-7101

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

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

**FILED**

RANDALL SQUARE LLC

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

2013 APR 17 PM 4:14

The Articles of Organization for this Limited Liability Company were filed on 4/5/13 and assigned  
Florida document number L19000094859

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:

New Registered Office Address:

*Enter Florida street address*

Florida

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>                   | <u>Address</u>                  | <u>Type of Action</u>                      |
|--------------|-------------------------------|---------------------------------|--|
| <u>MGR</u>   | <u>SETH COHEN</u>             | <u>1002 E. NEWPORT CTR. DR.</u> | <input type="checkbox"/> Add               |
|              |                               | <u>DEERFIELD BEACH, FL</u>      | <input checked="" type="checkbox"/> Remove |
|              |                               | <u>33442</u>                    | <input type="checkbox"/> Change            |
| <u>MGR</u>   | <u>BRAD COHEN</u>             | <u>1002 E. NEWPORT CTR. DR.</u> | <input type="checkbox"/> Add               |
|              |                               | <u>DEERFIELD BEACH, FL</u>      | <input checked="" type="checkbox"/> Remove |
|              |                               | <u>33442</u>                    | <input type="checkbox"/> Change            |
| <u>MGR</u>   | <u>S+B SOFLA VENTURES LLC</u> |                                 | <input checked="" type="checkbox"/> Add    |
|              |                               | <u>1002 E. NEWPORT CTR. DR.</u> | <input type="checkbox"/> Remove            |
|              |                               | <u>DEERFIELD BEACH, FL</u>      | <input type="checkbox"/> Change            |
|              |                               | <u>33442</u>                    |  |
| <u>MGR</u>   | <u>B+J SOFLA VENTURES LLC</u> |                                 | <input checked="" type="checkbox"/> Add    |
|              |                               | <u>1002 E. NEWPORT CTR. DR.</u> | <input type="checkbox"/> Remove            |
|              |                               | <u>DEERFIELD BEACH, FL</u>      | <input type="checkbox"/> Change            |
|              |                               | <u>33442</u>                    |  |
|              |                               |                                 | <input type="checkbox"/> Add               |
|              |                               |                                 | <input type="checkbox"/> Remove            |
|              |                               |                                 | <input type="checkbox"/> Change            |
|              |                               |                                 | <input type="checkbox"/> Add               |
|              |                               |                                 | <input type="checkbox"/> Remove            |
|              |                               |                                 | <input type="checkbox"/> Change            |

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated

4/15/2019

SETH COHEN

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**Filing Fee: \$25.00**