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Certified Copies	Certificates	s of Status
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Name of Lim	ited Liability Company	
	Name of Enti	ned Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ivan L Bravo		
	***	Name of Person	
	RED SQUARE ACCOUN	TING & TAX, LLC	
		Firm Company	
	2121 S HIAWASSEE RD	#4423	
		Address	
	ORLANDO, FL 32835		
		City/State and Zip Code	
	info@redsquaretax.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	oncerning this matter, please c	all:	
Ivan L Bravo		305 7441738	
Name o	i Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sec	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632 Tallahassee, 1		The Centre of T	fallahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RED SQUARE ACCOUNTING & TAX, I		, !	20 14 0-61
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appea da Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability	Company were filed on 05	5/06/2020	and assigned
lorida document number L20000122402	·		
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the lin	mited liability company h	<u>ere</u> :	
he new name must be distinguishable and contain the words "Li	imited Liability Company," the	designation "LLC"	or the abbreviation "L.L C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADL	ORESS)		
nter new mailing address, if applicable:			
Aailing address MAY BE A POST OFFICE BON)		<u>-</u>	
			
 If amending the registered agent and/or register gent and/or the new registered office address here 		records, <u>enter tl</u>	he name of the new regis
Name of New Registered Agent:			
New Registered Office Address:	F L'J.	rida street address	
	Етег Р и	тиш мтест ааагсях	
		Flor	ida
	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 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
MGR	Ivan I. Bravo	2121 S HIAWASSEE RD #4423	
		ORLANDO, FL 32835	□Remove
			■ Change
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necti mecti	ve date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
recor Lis fil	I 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
1 15 111	-u.
	06/17 2020
ated	

Typed or printed name of signee