Florida Department of State

Division of Corporations
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To:

Division of Corporations

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From:

Account Name : JOHN E. AURELIUS Account Number : 110334002346

Phone : (954)772-8222

Fax Number : (954)772-8759

SECRETARY OF STATE DIVISION OF CORPORATIONS

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ALLAHASSEE, FLORING

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SEVENTH STREET, LLC

| Certificate of Status | 0 |
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T. HAMPTON

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FEB - 4 2009

EXAMINER

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SEVENTH STREET, LLC | | | | |
|--|---|--------------------------------|-------------|--|
| (Name of the Limited Liability Comps (A Florida Limited | ny és it now appears on our records.) Liability Company) | | | |
| The Articles of Organization for this Limited Liability Company Florida document number L09000003363 | y were filed on JANUARY 12, 2009 | and assigned | | |
| | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited list | bility company here: | | | |
| <u></u> | | | _ | |
| The new name must be distinguishable and end with the words "Lin" L.L.C." | aited Liability Company," the designation "L | .LC" or the abbrevia | tion | |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | ₽ | |
| | | 9 | 338 | |
| | · | 83 | XX CT | |
| Enter new mailing address, if applicable: | | <u> </u> | | |
| (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of | | > | | |
| | | | ST. | |
| | | | 317 | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address be | office address on our records, <u>enter t</u> ere: | the name of the | neg | |
| TO 10 to 1 t | #4X* | | | |
| Name of New Registered Agent: | · | | | |
| New Registered Office Address: | | | | |
| | (Enter Florida street ad | (Enter Florida street address) | | |
| | , Florida | | | |
| | (City) | (Zin 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 608, 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)

MGR = Manager

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = Managing Member Type of Action Address Title <u>Name</u> Add JOHN T. LOOS, JR. 1815 CORDOVA RD., SUITE 210 MORM Remove FORT LAUDERDALE, FL 33316 ■ Add JOHN E. AURELIUS 4367 N. FEDERAL HWY., #101 MGRM Romove FORT LAUDERDALE, FL 33308. JOHN E. AURELIU8 ∎Ø Add MOR 4367 N. FEDERAL HWY.. #101 FORT LAUDERDALE, FL 33308 Remove ☐ Add Remove Add 📋 Remove ☐ Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 January 30 Dated . Signature of a member or authorized representative of a member John E. Aurelius Typed or printed name of signee

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