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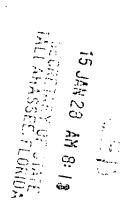
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J. SHOVOTS FEB 0 5 2015

COVER LETTER

SUBJECT:SE	EVENTH AVE	PROPERTIES, LC	C
	Name of Limit	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	JOSE A. C	SARCIA	
		Name of Person	
	SEVENTH A	VE PROPERTIES, C	(C
		Firm/Company	
	3355 NO	W 41 STREET	·
		Address	
	MIAMI, 8	FLORIDA 3314	2
		City/State and Zip Code	
_	1garcio	O STD BUCK, Co be used for future annual report notification	OM
	K-mail address: (to	o be used for future annual report notificati	ion)
For further information conc	erning this matter, please ca	II:	
José A. C.	PARCIA	at (306 637-	5567
Name of Pe	rson	Area Code Daytime Tel	ephone Number
Enclosed is a check for the fo	ollowing 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:

TO:

Registration Section Division of Corporations

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

	ERTIES, LLC
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Complete Florida document number <u>L09000033940</u> .	pany were filed on MARCH 11, 2009 and assigned
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 end with the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3355 NW 41 ST
(Principal office address MUST BE A STREET ADDRES	S) MIAMI, FLORIDA 3314Z
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3355 NW 41 ST MIAMI, FLORIDA 33142
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, enter the name of the new
Name of New Registered Agent:	GE A. GARCIA
New Registered Office Address: 333	55 NW 41 ST
\mathcal{M}	Enter Florida street address [IAM Florida Florida
	City 3 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

Page 1 of 3

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

MGR = N $AMBR = A$	Annager Authorized Member		
Title AMBK	RAMON MISARTS	Address 3355 NW 415T MIAMI, FLORIDA 7314	Type of Action Add Remove
A <u>MBL</u>	BEANARDO MIJARES	3355 NW 415T MIAMI, FLORIDA	Add Remove
MGR	JOSE A. GARCIA	3355 NW 41 ST MIAMI, FLORIDA 3319	DAdd
		W. CATASSE	Add 15 Demove 28
		E FLONIOA	Add Add Remove
			□ Add □ Remove

ameno	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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e effecti	date, if other than the date of filing:
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ueu	Mention of the second of the s
	Signature of a member or authorized representative of a member
	MILARES
	Typed of printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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