

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document

(((H19000244890 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Ŧ	$\sim$	

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019

Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Engi	1 80	idrec	•	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 7730 INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

O SIMMONS

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7730 INVESTMENTS, LLC		
(Name of the Limited Light) (A Florid	lity Company as it new appears on our records la Limited Liability Company)	<u>.</u>
The Axticles of Organization for this Limited Liability	Company were filed on 03/09/2011	and assigned
Florida document number L11000029112	<del>,</del> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
		·*
The new name must be distinguishable and contain the words "Li	mited 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 ADD	RESS)	<del></del>
		-17
		- 3
Enter new mailing address, if applicable:		55 55
(Mailing address MAY BE A POST OFFICE BOX)		ည်း မ
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our record dress <u>here</u> :	s, enter the hande of the ne-
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	·s
	. Fl	orida
_	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 are familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Cr, 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>	Name	Address	Type of Action
MGR	MIGUEL J ATALA	8745 SW 109 STREET MIAMI, PL 33176	[2] Add
			Remove
			Change
MGR	SHARIFE KURTIS	8745 SW 109 STREET MIAML FL 33176	
			Remove
			☐ Change
		<u> </u>	
			. □ Romove
			2. Compo
			☐ Remove
			Change
			Add
	·		Remove
			Change
			Add
<del></del>			□ Remove
			Change

			_ <del></del>
			<del></del>
<del></del>			
ec data if other than the ds	ite of filing:	(optio	nal)
ffective date, if other than the da an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Depa		te of filing or more than 90 days after i statutory filing requirements, this	date will not be listed
e record specifies a delayed of The 90th day after the recor	effective date, but not and is filed.	effective time, at 12:01 a	.m. on the earlier
ated AUGUST,15	2019		
Pared	1 MAD		
	gnature of a member or authorize	d concesentative of a member	
S	Susting of a member of annihily	1 top: 300000011 01 0 00000000000000000000000	

Page 3 of 3

Filing Fee: \$25.00