

(Re	equestor's Name)	
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D. BRUCE

COVER LETTER

	istration Sectision of Corp				
CUBICT.	MC7C,	LLC			
SUBJECT:		Name of Limit	ed Liability Company		
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.		
		dence concerning this matter t	-		
		Jose C. Marrero	, Esq.		
			Name of Person		
		Law	Office of Jose C. Marr	ero, Esq.	
			Firm/Company		
		1200 Brickell Av	enue, No. 505		
			Address		
		Miami, Florida	33131		
			City/State and Zip Code		G wash
		jose@marrerolaw	 COM be used for future annual report notification 	ation)	28
For further in	nformation co	oncerning this matter, please ca	•	,	2 2
_		rrero, Esq.	305 470-2030		PH 4: 35
	Name of	Person		elephone Number	
Enclosed is a	a check for the	e following amount:			
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Co (additional cop	of Status & oppy
	Registra	NG ADDRESS: ation Section of Corporations ox 6327	STREET/COURIED Registration Section Division of Corporati Clifton Building		

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MC7C, LLC			
(<u>Name of the Limi</u>	ted Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited L. Florida document number <u>L13000061812</u>	iability Comp	any were filed on April 29, 2013	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited	liability company here:	
N/A			
The new name must be distinguishable and end with the	words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STRE	ET ADDRESS	3)	
			<u> </u>
Enter new mailing address, if applicable:		N/A	20 T
(Mailing address MAY BE A POST OFFICE	(BOX)		13° - 73°
			The second second
B. If amending the registered agent and registered agent and/or the new registered of			返還 ぬ
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	
		, Flor	
		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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Luz M. Cevallos De Alonso	1200 Brickell Avenue	Add
		No. 505	■ Remove
		Miami, FL 33131	
MGR	Luz M. Cevallos Jimenez	1200 Brickell Avenue	■ Add
		No. 505	□ Remove
		Miami, FL 33131	
			□ Remove
			Addug 28 Remove
			☐ Add
			Add
			□ Remove

N/A		
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fective date, if other than the date of filing:	August 1, 2014	(optional)
cetive date, it other than the date of thing.		(optional)
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e date this document is filed by the Florida Department of the filed by the filed b	or reserve or missa cane and canarior be more a	

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