

L14000100329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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14 JUL 29 PM 1:33  
FILING OFFICE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: United R 7 Investments LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Mario Rodriguez**

Name of Person

**United R 7 Investments LLC**

Firm/Company

**15837 NW 4 Ct**

Address

**Pembroke Pines, FL 33028**

City/State and Zip Code

**AboveAllMario@yahoo.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Mario Rodriguez**

Name of Person

at **(305) 986-2261**

Area Code

Daytime Telephone Number

Enclosed is a check for the following 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:**

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**

United R 7 Investments LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/23/2014 and assigned Florida document number L14000100329.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

15837 NW 4 Ct

**(Principal office address MUST BE A STREET ADDRESS)**

Pembroke Pines, FL 33028

Enter new mailing address, if applicable:

15837 NW 4 Ct

**(Mailing address MAY BE A POST OFFICE BOX)**

Pembroke Pines, FL 33028

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Mario Rodriguez

New Registered Office Address:

15837 NW 4 Ct

Enter Florida street address

Pembroke Pines

Florida 33028

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.*

*Mario Rodriguez*  
If Changing Registered Agent, Signature of New Registered Agent

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 = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Mario Rodriguez	15837 NW 4 CT	<input checked="" type="checkbox"/> Add
		Pembroke Pines, FL	<input type="checkbox"/> Remove
		33028	
AMBR	Mario D Rodriguez	15837 NW 4 CT	<input checked="" type="checkbox"/> Add
		Pembroke Pines, FL	<input type="checkbox"/> Remove
		33028	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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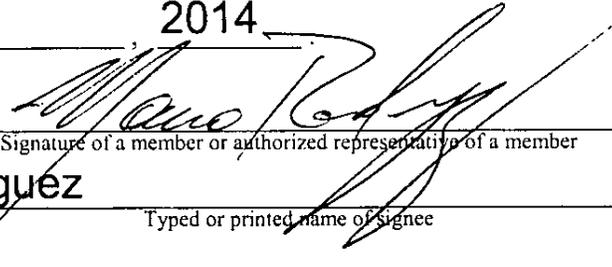
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 23 2014



Signature of a member or authorized representative of a member

Mario Rodriguez

Typed or printed name of signee

2014 JUL 23 PM 1:01