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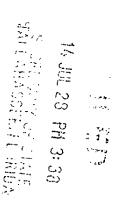
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COVER LETTER

TO:	Registration Section
	Division of Corporations

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:

Ardyce Blohm
Name of Person
PCS
Firm/Company
7400 Wiles Rd Ste 102
Address
Coral Springs FL 33067
City/State and Zip Code
ardycejane@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Sowa

*",*954 \953-8110

Name of Person

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 Investmenst LLC

(Name of the Limited Lia (A Flo	bility Compar orida Limited L	ny as it now appears on our rec iability Company)	cords.)
The Articles of Organization for this Limited Liabilit Florida document number L14000100329	y Company	were filed on June 23,	2014 and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liabi	lity company here:	
The new name must be distinguishable and end with the words	"Limited Liabi	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3590 NW 34 St	
(Principal office address MUST BE A STREET AD	DRESS)	Miami FL 33142	
Enter new mailing address, if applicable:		3590 NW 34 St	
(Mailing address MAY BE A POST OFFICE BOX))	Miami FL 33142	
B. If amending the registered agent and/or registered agent and/or the new registered office a			ords, enter the name of the no
21	590 NW :	34 St	SS No constant
New Registered Office Address.	iami	Enter Florida street ad	Adress 33142 ω
		City	Zip Code,
New Registered Agent's Signature, if changing Regist	ered 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

AMBR = A	anager uthorized Member		
<u>Γitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Remove
			□ Remove
			Add
	·		Remove
			No. 100 Add
			Remove
			□ Add

f amending any other information, enter of	
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Dated	date of receipt or filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

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