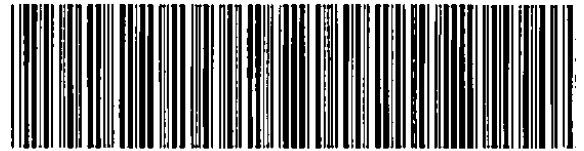


L14000 100.329



100331075401

06/28/19--01006--002 **25.

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

JUL 28 11 21 AM '19

JUL 11 2019

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:

Karla Betanco

Name of Person

United R 7 Investments

Firm/Company

3590 NW 34 St

Address

Miami FL 33142

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:

Karla Betanco at (305) 556-6633
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

FILED

United R 7 Investments LLC

2017 JUL 28 P 2 17

(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 6/23/2014 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 contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent: Karla Betanco

New Registered Office Address: 3590 NW 34 st
Enter Florida street address

Miami Florida 33142
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 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 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, changed, or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of A</u>
p	Mario D Rodriguez	3590 NW 34 St	<input type="checkbox"/> Add
		Miami FL 33142	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Milagros Figueroa	3590 NW 34 St	<input checked="" type="checkbox"/> Add
		Miami FL 33142	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mario Rodriguez	3590 NW 34 St	<input checked="" type="checkbox"/> Add
		Miami FL 33142	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Karla Betanco	3590 NW 34 St	<input checked="" type="checkbox"/> Add
		Miami FL 33142	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Lined area for amending information.

6/26/2019

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th day after the record is filed.

Dated 6/26/19

K Betanco

Signature of a member or authorized representative of a member

Karla Betanco

Typed or printed name of signee