

L16000038651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

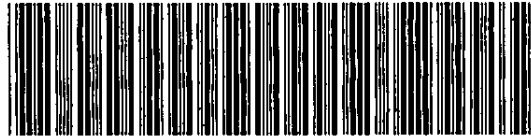
(Business Entity Name)

(Document Number)

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ADULT JURY (OF STATE
TALLAHASSEE, FLORIDA)

K. SALLY
EXAMINER
MAR -7

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SEVEN TWO INVESTMENT 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:

OSVALDO MARTINEZ
Name of Person
O&J PROFESSIONAL SERVICES INC
Firm/Company
782 NW 42 AVE STE 433
Address
MIAMI FL 33126
City/State and Zip Code
OSVALDOEMARTINEZ@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OSVALDO MARTINEZ at (305) 446-4006
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**

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2016 MAR -4 PM 3:25
TALLAHASSEE, FLORIDA

SEVEN TWO INVESTMENT 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 02/24/2016 and assigned Florida document number L16000038651.

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____
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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ELIANE RABONI DE MORALES	1724 CORPORATE DR	<input type="checkbox"/> Add
		BOYNTON BEACH FL 33426	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ADILSON PENA DE MORALES	1724 CORPORATE DR	<input type="checkbox"/> Add
		BOYNTON BEACH FL 33426	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ELIANE RABONI DE MORAES	1724 CORPORATE DR	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH FL 33426	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ADILSON PENA DE MORAES	1724 CORPORATE DR	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH FL 33426	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2016 MAR 14
 11:41 AM
 STATE OF FLORIDA
 DIVISION OF REVENUE
 TALLAHASSEE, FL 32310
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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TALLAHASSEE, FLORIDA

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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 _____

Adilson Pena de Moraes

Signature of a member or authorized representative of a member

ADILSON PENA DE MORAES

Typed or printed name of signee