114000072059

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D. BRUCE AUG 07 2017

J. CASTRO & ASSOCIATES, P.A. 6915 RED ROAD, SUITE 219 CORAL GABLES, FLORIDA 33143 Phone (305) 444-7500 Fax (305) 444-7273

July 28, 2017

State of Florida Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 32314

RE: 3407 & 3409 LLC, a Florida limited liability company

Gentlemen,

Enclosed please find check # 3773 in the amount of \$25.00 and signed amended articles for the above limited liability company.

Dolly D. Medina Real Estate Paralegal

Sincerely,

TALLAHASSEE STATE

COVER LETTER

SUBJECT:	3407 & 3409 LLC			
	Name of Lin	nited Liability Company		
-				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	I	MARIA MARQUEZ		
		Name of Person		
	_			
		Firm/Company		
	1224	ANDORA AVENUE		
		Address		
	CORA	L GABLES, FLORIDA 331	46	
	mariaeugeniama	arquez13@gmail.com to be used for future annual report notifica	 	
For further information c	oncerning this matter, please c	all:	#II7 AUG - ECREFAR LLAHASS	
Name o	f Person	at ()	elephone Number	
Enclosed is a check for th	ne following amount:		3: 05 STAIL LORIDA	
Ճ \$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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

3407 & 3409, 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 ___May 5, 2014 and assigned Florida document number L14000072059 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: 1224 Andora Avenue Coral Gables, Florida (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: U Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

Title	<u>Name</u>	Address	Type of Action
MGR	MARIA MARQUEZ	1224 ANDORA AVENUE	
•		CORAL GABLES, FLORIDA 33146	XX Remove
MGR	SILA RODRIGUEZ	1224 ANDORA AVENUE	X X_Add
		CORAL GABLES, FLORIDA 33146	Remove
			Change
			🗅 Add
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			Change
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If amending any other information, enter change	•					
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The 90th day after the record is filed.						
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ated July 20	· · ·					
le Lul marce	(d)					
Signature of a member of	or authorized re	nresentative of a	mambar			
SILA RODRIGUEZ		prosonnerve of a	memori			
Typed o	r printed name	of signee				

Page 3 of 3

Filing Fee: \$25.00