

L16000035532

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000233698 3)))



H180002336983ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ARTURO YERO P.A.
Account Number : I20150000125
Phone : (305)444-0894
Fax Number : (305)444-0786

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: arturoyero@ayereslaw.com

2018 AUG 10 PM 3:04

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 7 DEVELOPMENT GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

B FIGUEROA
AUG 13 2018

2018 AUG 10 AM 10:02

H18000233698 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

7 DEVELOPMENT GROUP, 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 02/19/2016 and assigned Florida document number L16000035533

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 "LLC."

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

H18000233698 3

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	Name	Address	Type of Action
mgr	Elena V Esquivosa	1221 Brickell Ave 710 Miami Fl	<input type="checkbox"/> Add
		33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	Fernando Tello	1950 Beach Parkway Apt 101	<input checked="" type="checkbox"/> Add
		Cape Coral Florida 33904	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H18000233698 3

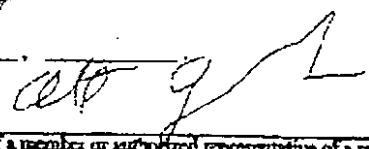
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2018 AUG 10 PM 3:04

R. 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 8/2/2018



Signature of a member or authorized representative of a member

Alberto Azpuru

Typed or printed name of signer