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02/24/23--01007--017 **25.00

STREET IN PHISHO

R. HUNT 0 2/24/23

COVER LETTER

TO:

TO: Registration So Division of Cor				
71 Investm	ents LLC			
SUBJECT:	Name of Lim	ited 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:		
	Conrad Kahn			
		Name of Person		
		Firm/Company		
	230 Hunters Trail			•
	Longwood, Florida 32779	Address	TAHAS	
	ConradKahn@gmail.com	City/State and Zip Code	STE STATE O	
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report noti all:	fication) ि व	
Conrad Kahn		305 815 3333		
Name o	f Person		e Telephone Number	
Enclosed is a check for th	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ction	
Division of C	orporations	Division of Cor	porations	
P.O. Box 632		The Centre of T		
Tallahassee, I	L 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

71 Investments LLC		
(Name of the Limited Liability Compan (A Florida Limited Lia	ras it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on 1/19/2007	and assigned
Florida document number L07000007107		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		> 설
Principal office address MUST BE A STREET ADDRESS)		
		To Market
		10 PE 17
Enter new mailing address, if applicable:		🖰တ ယ 🗇
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered office ad gent and/or the new registered office address here: 	dress on our records, <u>enter the r</u>	ame of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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>	Address	Type of Action
MGRM	Pearl Kahn Family Trust	P.O. Box 265	□Add
		Edgewater, Florida 32132	Remove
			□Change
MGRM	Conrad Kahn Revocable Trust	230 Hunters Trail	\overline Add
		Longwood, Florida 32779	El Remove
			□Add
		₹ ⁷⁷	N
			Remove
			ClChange
			□Remove
			□Change
			🗀 Add
			□Remove
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ın effe	ective date is liste If the date inse	ed, the date mu	ist be specific	and cannot b				0 days afte	r filing.) P		
	ent's effective					statinory n	mg require	ments, un	is date w	III HOL DÇ	HSte
ecord	l specifies a de	layed effecti	ve date, but i	not an effec	tive time,	at 12:01 a.n	n. on the ea	rlier of: (t	o) The	90th day	after
is file	ed.										
F	February 20			2023							
ited _	February 20				·						
		or of									

Filing Fee: \$25.00