# L08000014367

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2015 AUG 10 PH 12: 19
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ALLAHASSEF, FLORIDA

K.SALY EXAMINER AUG 122015

### **COVER LETTER**

TO: Registration Se Division of Co			
~	7 AVENUE, LLC		
		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:	
	ROBERT KAHN, ESQ.		
		Name of Person	
		Firm/Company	
	4522 SHERIDAN AVENU	UE	
	MIAMI BEACH, FL 3314	Address 40	
		City/State and Zip Code	
	robert@goodcarthproperty.	•	
	E-mail address:	to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c	all:	
Robert Bailey		954 295-1405 at ()_	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
MAII	ING ADDDESS:	STDEET/COUDII	FD ADDRES.

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

### TO ARTICLES OF ORGANIZATION OF

FILED 2015 AUG 10 PM 12: 19 12425 NW 7 AVENUE, LLC (Name of the Limited Liability Company as it now appears on our recon (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on L08000014367 Florida document number 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:

#### 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

Enter Florida street address

Florida

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JAMES H. BAILEY	PO BOX 530891	□ Add
		MIAMI SHORES, FL 33153	<b>■</b> Remove
			Change
MGR	ROBERT BAILEY	14829 NW 7 AVE	■ Add
		MIAMI, FL 33168	Remove
			☐ Change
MGR	BRETT BAILEY	14829 NW 7 AVE	Add
		MIAMI, FL 33168	Remove
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