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(Re	questor's Name)	
(Ad	dress)	
- (Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
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(Do	ocument Number)	
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TALLAHASSEE, PLORIDA

DEC 01 2015 PA 58

S. YOUNG

COVER LETTER

TO: Registration So Division of Co			,
CITIES AND COME	7 AVENUE, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ROBERT KAHN		
		Name of Person	
	 	Firm/Company	SECT X
	4522 SHERIDAN AVE		NOV 30 AHASSET
	MIAMI BEACH, FL 3314	Address 0	NOV 30 PN 4:51
	ROKLAW@BELLSOUTH	City/State and Zip Code I.NET	表 56
Francisco de Company		to be used for future annual report notifi	cation)
	concerning this matter, please ca		
ROBERT KAHN Name (of Person	305 672 -0469at ()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)
	ING ADDRESS: ration Section	STREET/COURING Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compar</u> (A Florida Limited I	ny as it now appears on our reco	rds.)
The Articles of Organization for this Limited Liability Company Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		15 NOV SECRET
Enter new mailing address, if applicable:		30 30 30 30 30
(Mailing address MAY BE A POST OFFICE BOX)		PR 4: 56
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		•
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ress
	J	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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Max	DONNA D. BAILEY	10911 N BAYSHORE DR	■ Add
		MIAMI, FL 33161	□ Remove
			Remove
			Change
			Add
			☐ Remove
			Change
			- FR 2 MA
			SSE Remove
			STATE Change
			□ Add
			☐ Remove
			Change
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	SELLY
	DAT S
an ei ote:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of each day after the record is filed.
ated	November 25 , 2015 .
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Robert Kahn, authorized representative

Page 3 of 3

Filing Fee: \$25.00