

L0.80000/4385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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HILLSBOROUGH COUNTY, FLORIDA

MAR 28 2017

Y SULKER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 2204 South State Road 7, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Kahn

Name of Person

Firm/Company

4522 Sheridan Ave.

Address

Miami Beach, FL 33140

City/State and Zip Code

robert@goodearthproperty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Kahn

305

672-0469

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

2204 SOUTH STATE ROAD 7, 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 2/7/2008 and assigned  
Florida document number L08000014385

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:

1400 NE MIAMI GARDENS DR., #206-A

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33179

Enter new mailing address, if applicable:

1400 NE MIAMI GARDENS DR., #206-A

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33179

**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:

ROBERT BAILEY

New Registered Office Address:

1400 NE MIAMI GARDENS DR., #206-A

*Enter Florida street address*

MIAMI

*City*

Florida

33179

*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>	<u>Type of Action</u>
MGRM	WILLIAM D. BAILEY, JR	1400 NE MIAMI GARDENS DR.	<input type="checkbox"/> Add
		SUITE 206-A	<input type="checkbox"/> Remove
		MIAMI, FL 33179	<input checked="" type="checkbox"/> Change
MGR	ROBERT R. BAILEY	1400 NE MIAMI GARDENS DR.	<input checked="" type="checkbox"/> Add
		SUITE 206-A	<input type="checkbox"/> Remove
		MIAMI, FL 33179	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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17 MAR 27 PM 4:07  
ALL INFORMATION CONTAINED  
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DATE 11-15-00 BY 60322  
UCBA

**Abstract**