(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	





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COVER LETTER

	ivision of Corp		
\$		NDPIPER 607, LLC	
SUBJECT	:	Name of Limited Liability Company	
The enclos	ed Articles of A	amendment and fee(s) are submitted for filing.	
Please retu	rn all correspond	dence concerning this matter to the following:	
		Michael Woodbury, Esq.	
		Name of Person	
		Woodbury, Santiago & Correoso, P.A.	
		Firm/Company	
		9100 S. Dadeland Blvd. Suite 1702	
		Address	
		Miami, Fl 33156	
		City/State and Zip Code mwoodbury@woodbury-santiago.com	
		E-mail address: (to be used for future annual report notification)	
For further	information cor	ncerning this matter, please call:	
Michael W	Voodbury, Esq.	305 670-9580 at ()	
	Name of I	Person Area Code Daytime Telephone Number	
Enclosed is	s a check for the	e following amount:	
\$25.00	Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

any as it now appears on our Liability Company)	r records.)
oility company here:	
ility Company," the designation	on "LLC" or the abbreviation "L.L.C."
2910 Kerry Forest Park	
Suite #D4-9	
Tallahassee, Fl 32309	
2910 Kerry Forest Park	way
Suite #D4-9	
Tallahassee, Fl 32309	
	records, <u>enter the name of the ne</u>
and Blvd. Suite 1702	
and Blvd. Suite 1702 Enter Florida stree	
Enter Florida stree	, Florida 33156
	33156
<u>t</u>	2910 Kerry Forest Park Suite #D4-9 Tallahassee, Fl 32309 2910 Kerry Forest Park Suite #D4-9 Tallahassee, Fl 32309

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			☐ Change
			Remove
		•	☐ Change
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			SSRY L Remove
			SECRETARY OF STATE Change Change Change

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	ONLY CHANGE IS TO "P" ADDRESS AS STATED ABOVE
E. Effe	ctive date, if other than the date of filing:(optional)
(If an Note	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 605.0 e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	ument's effective date on the Department of State's records.
docı	
docı	
docu	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ne 90th day after the record is filed.
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docu If the r (b) Th	and an end of the record is filed. Angust (8)
docu If the r (b) Th	ne 90th day after the record is filed. ed August (8), 2015
docu If the r (b) Th	ed August (8 , 2015). Signature of a member or authorized representative of a member ARR (8) A RR (8)
If the r	ed August (8 , 2015 Signature of a member or authorized representative of a member ARR SP Victor Bean SCRY II
docu If the r (b) Th	ed August (8 , 2015). Signature of a member or authorized representative of a member ARR (8) A RR (8)

Filing Fee: \$25.00