

L10 000079455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

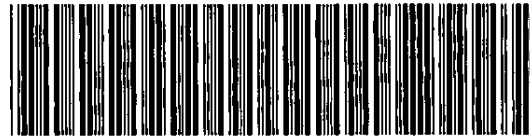
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

J. Strivers NOV 20 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 7928 WEST DR. 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:

Joseph B. Ryan III, Esq.
Name of Person

Joseph B. Ryan III, PA
Firm/Company

8925 SW 148TH ST, SUITE 200
Address

MIAMI, FLORIDA 33176
City/State and Zip Code

JBRYANLAW@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH B. RYAN III, ESQ. at **(305) 444-4949**
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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

7928 WEST DR. 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 7/28/2010 and assigned Florida document number L10000079455.

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 end with 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)

1210 Washington Ave., #210
Miami Beach, Florida 33139

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1210 Washington Ave., #210
Miami Beach, Florida 33139

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: _____

1210 Washington Ave. #210
Enter Florida street address
Miami Beach, Florida 33139
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

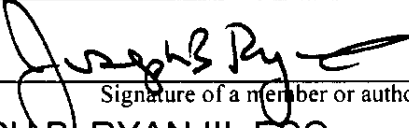
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	YOHAN JAIEB	1210 Washington Ave.	<input checked="" type="checkbox"/> Add
		#210	<input type="checkbox"/> Remove
		Miami Beach, FL 33139	
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated November 18, 2013.



Signature of a member or authorized representative of a member

JOSEPH B. RYAN III, ESQ.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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COURT OF APPEALS
CLERK OF COURT