L10000105633

(Re	equestor's Name)	
(Ad	ldress)	
(A.d.	ldress)	
(Au	ui <i>ess)</i>	
(Cit	ty/State/Zip/Phon	e #)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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DIVISION OF CARPORATION

N. Culligan NUV 12 2010

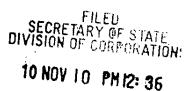
COVER LETTER

TO: Registration Se Division of Cor	ection rporations		,			
SUBJECT:	7400 P	roperties, LLC				
		ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
Robert A. Brandt Name of Person						
Name of Person						
Robert A. Brandt, P.A.						
Firm/Company						
696 NE 125th Street						
		Address				
	North Miami, FL 33161					
City/State and Zip Code						
robert@attorneybrandt.com E-mail address: (to be used for future annual report notification)						
			uion)			
For further information c	concerning this matter, please of	call:				
Rot	oert A. Brandt	at (305) 9.	81-3222			
Name o	of Person	at (305) 981-3222 Area Code & Daytime Telephone Number				
Enclosed is a check for the	he following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,			
v 323.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



7400 (<u>Name of the Limited Liability</u> (A Florida L	Properties, LLC <u>Company as it now appe</u> imited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Conformation Florida document number L10000105633	ompany were filed on	October 8, 2010	and assigned
This amendment is submitted to amend the following:	1		
A. If amending name, enter the new name of the limit	ted liability company h	ere:	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Com	pany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office addr		our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	y.		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address		
	City	, Florida	Zip Code
New Designatured Agent's Signature if changing Degistered	•		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> **Type of Action** MGR YLEANA IZHAK 696 NE 125th Street ✓ Add Remove North Miami, FL 33161 ☐ Add ☐ Remove ___ Add Remove _ Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 4 2010 Signature of a member or authorized representative of a member Yoram Izhak Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00