

L11000003675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

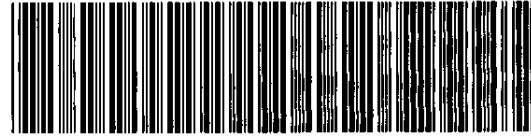
(Business Entity Name)

(Document Number)

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2011 MAY 31 PM 10 28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

C. LEWIS

JUN 1 2011

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 7120 Normandy 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:

Angela Coates  
Name of Person

Majestic Properties  
Firm/Company

35 NE 40th Street  
Address

Miami, FL 33137  
City/State and Zip Code

angelac@majesticmiami.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chen Nagid at ( 786 ) 325-9981  
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



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>  |
|--------------|-------------|--------------------------------------|--|
| MGRM         | Chen Nagid  | 35 NE 40th Street<br>Miami, FL 33137 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |             |                                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |             |                                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |             |                                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |             |                                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |             |                                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 2011 MAY 31 PM 10:20

FILED

Dated May 24, 2011

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Chen Nagid  
\_\_\_\_\_  
Typed or printed name of signee