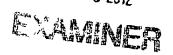


	Requestor's Name)				
	Address)				
(	Address)				
	City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
	Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
	,				

Office Use Only

G. MCLEOD





900235339629

05/22/12--01025--003 \*\*25.00

12 HAY 22 AM II: 50

## **COVER LETTER**

TO: Registration S Division of Co		•							
SUBJECT:	JRJECT: 7701 PROPERTY LLC								
Name of Limited Liability Company									
	f Amendment and fee(s) are sulcondence concerning this matter	-							
ALBERTO SIMHON									
		Name of Person							
7701 PROPERTY LLC									
Firm/Company									
	1230 SEAGULL TERRACE								
		Address							
	HOLLYWOOD,FL 33019								
		City/State and Zip Code							
	E-mail address: (	to be used for future annual report notification)							
For further information	concerning this matter, please of								
N	of Person	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	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  (additional copy is enclosed)							
Regist Divisi P.O. E	LING ADDRESS: cration Section on of Corporations Box 6327 cassee, 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

## 7701 PROPERTY LLC

(Name of the Limited Liability Company as it now appears on our records.)

(AF)	iorida Limited L	lability Company)					
The Articles of Organization for this Limited Liab Florida document numberL1100006513	were filed on	06/03/2011	and assigned				
This amendment is submitted to amend the follow	ing:						
A. If amending name, enter the new name of the	ne limited liab	ility company her	<u>e</u> :				
The new name must be distinguishable and end with t "L.L.C."	he words "Limi	ted Liability Compa	ny," the designation	"LLC" or the	abbreviation		
Enter new principal offices address, if applicab	1230 SEAGU	LL TERRACE					
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		HOLLYWOOI	O, FL 33019	<b>并被 2</b>			
		1230 SEAGU	LL TERRACE	MAY 22	The separate		
		HOLLYWOOI	D, FL 33019				
B. If amending the registered agent and/or registered agent and/or the new registered offic			ur records, enter	the name			
Name of New Registered Agent:	ABRAHAM CHEHEBAR						
New Registered Office Address:	1230 SEAGULL TERRACE						
	Enter Florida street address						
	HOLLYWOOD City		, Florida _	33019			
				Zip Cod	le		
New Registered Agent's Signature, if changing Reg	istered 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 Type of Action **Title Address** <u>Name</u> **MGRM BLUECOW** 20815 NE 16 AVE B17 MIAMI .FL 33179 \_ Add ☑ Remove 3410 BC PROPERTY LLC. MGRM 1230 SEAGULL TERRACE **✓** Add Remove HOLLYWOOD FL 33019 \_\_\_ Add Remove ∏Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MAY 09 2012 Signature of a member or authorized representative of a member Immy Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00