# L11 0000 83785

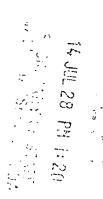
(Re	questor's Name)	
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### **COVER LETTER**

TO: Registration Section Division of Corpor	
SUBJECT:	2207 LOZADA CONDO, LLC Name of Limited Liability Company
The enclosed Articles of Am	endment and fee(s) are submitted for filing.
Please return all corresponde	nce concerning this matter to the following:
	MyRIAH Ceballo
	Firm/Company
	3363 N.E. 163 d'Arrect Suite 802.
	Address
	North Miami Beach FL 33160  City/State and Zip Code  Cebaniya @ 6 mail. Com  E-mail address: (to be used for future annual report notification)
	City/State and Zip Code
-	E-mail address: (to be used for future annual report notification)
For further information conc	erning this matter, please call:
Hyriam Ce Name of Pe	ballos . at (786) 5129170 .  Area Code Daytime Telephone Number
Enclosed is a check for the f	ollowing 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2207 Loza	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 110 000 83 785</u>	ere filed on <u>07-21-3011</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability  2207 TRU  The new name must be distinguishable and end with the words "Limited Liability".	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	3363 NE 1634 St. Sule 802. North Hiami Beach FL 3316
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  3363	
740-111	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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Effective date, if other than the date of filing:	•	
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the date this document is filed by the Florida Department of State)		
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Dated $7/22/2014$ .	ective date, if other than the date of fit effective date must be specific, cannot be prior to date this document is filed by the Florida Depar	iling: (optional) to date of regeipt or filed date and cannot be more than 90 days after rtment of \$(ato)
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+ In TV	' '//	4//
Signature of a member or authorized representative of a member	* /10	
Jose Lus Lo Zacla Typed or printed name of signee	Signature	

Page 3 of 3

Filing Fee: \$25.00