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(Requesto	or's Name)	
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D. BRUCE
FEB 2 8 2012
EXAMINER

COVER LETTER

TO: ** Registration Division of C	Section Corporations				
SUBJECT:	731 ⁻	1 GARY LLC			
	Name of Lin	nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	ubmitted for filing.			
Please return all corre	spondence concerning this matte	er to the following:			
·		C/O WENDY DUVALL			
		Name of Person			
		Firm/Company			
	7545	E TREASURE DR. APT 4H			
	Address				
	NORT	H BAY VILLAGE, FL 33141	——>;;; ——>;;;	(B)	1007
	\A/E \ \I	City/State and Zip Code			
	E-mail address:	DYDUVALL@GMAIL.COM (to be used for future annual report notification)		<u> </u>	M
For further informatio	n concerning this matter, please	call:	STATE		O
	ENDY DUVALL	at (786) 314-1041		_	
Nam ·	e of Person	Area Code & Daytime Telephone N	Number		
Enclosed is a check fo	r the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	00 Filing Featrificate of Sertified Copy Iditional copy	tatus d	
Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, FL 32314	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ess:		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7311 GAI			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appea Liability Company)	rs on our records	.)
he Articles of Organization for this Limited Liability Company	were filed on	10/26/2011	1 and assigned
lorida document numberL1100012202			
This amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	oility company her	<u>re</u> :	
676 SW 2	ST LLC		
he new name must be distinguishable and end with the words "Lim L.L.C."	ited Liability Compa	any," the designati	on "LLC" or the abbreviat
Inter new principal offices address, if applicable:	676 SW 2ND	STREET	学 约 75
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33	3130	E G T
			SE N
			MY 3 M
nter new mailing address, if applicable:	7545 E TREA	SURE DRIVE	日日 - 「
Mailing address MAY BE A POST OFFICE BOX)	APT 4H		
	NORTH BAY	VILLAGE, FL	. 33141
. If amending the registered agent and/or registered of gistered agent and/or the new registered office address her Name of New Registered Agent:		our records, <u>en</u> t	ter the name of the n
New Registered Office Address:	En	ter Florida street	address
	City	, Florida	I 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 or Managing Member being added or removed from our

MGR = Mana MGRM = Ma	ger naging Member	
<u>Title</u>	Name	Address
		Add Remove
	; ;	AddRemove
		Add Remove
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)
 Dated	2)21 <u>, 201</u>	
	Signature of a member or	Authorized representative of a member
		NDY DUVALL printed name of signee

Page 2 of 2

Filing Fee: \$25.00