## L12000017878

(R	lequestor's Name)	
(A	ddress)	···
(A)	.ddress)	
(C	ity/State/Zip/Phone#	)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name	<del></del>
(C	Ocument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	o Filing Officer:	
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	Office Use Only	<b>, ,</b> ,
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## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	527 SW	527 SW 7 COURT LLC		
SUBJECT.		ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	For 12 - 1	
Please return all corresp	ondence concerning this matter	r to the following:	ALLAHASSEE, FLORIDA	
	WENDY DUVALL			
		Name of Person	FLORIE STATE	
		Firm/Company		
	7545 E	TREASURE DRIVE APT 4	<u>H</u>	
		Address		
	NORT	H BAY VILLAGE, FL 3314 <sup>2</sup> City/State and Zip Code		
	WEND F-mail address: (	OYDUVALL@GMAIL.COM to be used for future annual report notif	(cation)	
For further information	concerning this matter, please of	ŕ	icanony	
	NDY DUVALL	at ( 786 )	314-1041	
Name	of Person	Area Code & Daytim	e 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 & 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/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	527 S	SW 7 COURT LLC		
( <u>N</u> 1	ame of the Limited Liabilit	ty Company as it now appea Limited Liability Company)	rs on our records.)	
·	(A rionua	Limited Liability Company)	4	of a
The Articles of Organization	for this Limited Liability	Company were filed on	02/07/2012	and assigned
Florida document number	L12000017878	·		367
				Charles To
This amendment is submitted	to amend the following:			The last
A. If amending name, enter	r the new name of the lin	nited liability company he	re:	Albri
, <u> </u>		,	<del></del> -	, .
The new name must be distingu	ishable and end with the wo	ords "Limited Liability Compa	any," the designation "	LLC" or the abbreviation
"L.L.C."				
Enter new principal offices	address, if applicable:	·	·	
(Principal office address MU	<u>IST BE A STREET ADD</u>	RESS)		
		·		
Enter new mailing address,	if applicable:	<u></u>		<u> </u>
(Mailing address MAY BE A	POST OFFICE BOX)			
B. If amending the regist registered agent and/or the			our records, enter	the name of the new
registered agent and/or the	new registered office add	uress nere.		
Nome of New Design				
Name of New Regis	nered Agent:			
New Registered Off	ice Address:			<del> </del>
		Enter Florida street address		
			, Florida	
		City		Zin 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 **Title** <u>Name</u> Address Type of Action **MGRM** LUCAS CABANILLAS 7545 E TREASURE DRIVE APT 4H ☐ Add NORTH BAY VILLAGE, FL 33141 **EZEQUIEL STEINMAN** MGRM 7545 E TREASURE DRIVE APT 4H\_ ☐ Add NORTH BAY VILLAGE EL 33141 ∇ Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 08/30 2012 Dated\_ Signature of a member or authorized representative of a member WENDY DUVALL

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee