## L120000 49801

(Requestor's Name)
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## **COVER LETTER**

TO: Registration S Division of Co			
2367 NE 7 SUBJECT:			
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Richard F. Kondla		
		Name of Person	•
	Richard Kondla, P.A.		
		Firm/Company	
	17071 West Dixie Highwa	у	
		Address	
	North Miami Beach, Florid	da 33160	
		City/State and Zip Code	
	rfk10901@aol.com		
	E-mail address: (	to be used for future annual report notif	lication)
For further information of	concerning this matter, please co	all:	
Richard F. Kondla		305 986-3025	
Name o	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2367 NE 7 St. LLC

(Name of the Lim	nited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited lorida document number L12000089801	Liability Company were filed on July 10, 2012 and assigned
This amendment is submitted to amend the fol	ollowing:
A. If amending name, enter the new name	of the limited liability company here:
N/A	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	licable: N/A
Principal office address MUST BE A STRE	EET ADDRESS)
Enter new mailing address, if applicable:	N/A
Mailing address MAY BE A POST OFFICE	E BOX)
3. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	d/or registered office address on our records, enter the name of the office address here:
New Pagistared Office Address	SOR F IN
New Registered Office Address:	Enter Florida street address
	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	2367 Universal Investments, Inc	17071 West Dixie Highway, North	Add
:			Remove
			Change
MGRM	Marta Yee	17071 West Dixie Highway, North	■ Add
			Remove
			☐ Change
		-	Add
		<del></del>	□ Remove
			Change
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Filing Fee: \$25.00