119000137447

Office Use Only



800273289318

06/16/15--01007--011 **25.00

SECRETARY OF STATE FALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

'JUN 1 7 2015

3 MASON

COVER LETTER

TO: Registration S Division of Co			
CUBICA.	PANCE	II 2207, LLC	•
SUBJECT:	Name of Limit	ed Liability Company	
	of Amendment and fee(s) are subm	-	
	, on the second	THAMARA PEREZ	
		Name of Person	
	T.	ABADESA ASSOCIATES	
		Firm/Company	
		419 W 49 ST STE 111	
		Address	
		HIALEAH, FL 33012	
		City/State and Zip Code	
		MMYP@TABADESA.COM	· ·
	·	o be used for future annual report notificatio	n;
	concerning this matter, please ca	305 558 - 0622	
	e of Person	at ()	phone Number
1 vaint	, of torson	, , , , , , , , , , , , , , , , , , , ,	
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee		☐ \$55.09 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divi: P.O.	SLING ADDRESS: stration Section sion of Corporations Box 6327 shassee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	CRETARY OF S JUN 16 AM 8 ECRETARY OF S LIAHASSEE, FLO

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NCHI 2207, LLC		
(Name of the Limited Liability (A Florida	y Company as it now appear Limited Liability Company)	s on our records.	
The Articles of Organization for this Limited Liability Conference of Organization for this Limited Liability Conference of Conf	ompany were filed on	05/18/2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDR	<u>'ESS)</u>		-
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u>, , , , , , , , , , , , , , , , , , </u>	
[17211111] WHITE COST 17111 22211 COST COST COST			
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		our records, ent	er the name of the nev
		 -	
New Registered Office Address:	Enter Flor	ida street address	<u> </u>
	, Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Registered			
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence accept the obligations of my position as registered age being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of gent as provided for in C	my duties, and I a Chapter 605, F.S. (by confirm that the	m familiar with and Or, if this document is limited liability VISION OF ALLAHASS
			1 9 3 39€

Page 1 of 3

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
MGR	TTO . SS105, INC	419 W 49 TH ST 111	□ Add
		HIALEAH, FL 33012	■ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			□ Change
			
			☐ Remove
			
	<u> </u>		
			SECRETARY OF STATE SECRETARY OF STATE OF STATE OF STATE SECRETARY OF STATE
			HASSEE
			FILED RY OF STATE CORPORATION BE 25 6 AM 8: 25 WHEN STATE SEE. FLORIDA
			DE 2 TEN
			☐ Change

		•			
	· · · · · · · · · · · · · · · · · · ·			•	
ective date if other than the date of filings			(ontions	D	
ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be partial. If the date inserted in this block does not meet the appartment's effective date on the Department of State's recomment.	pplicable statutor	ng or more than 90 ry filing requiren	days after filir nents, this da	ig.) Pursu te will n	ant to 605 ot be liste
record specifies a delayed effective date, but	t not an effec	tive time, at	12:01 a.m	ı. on th	ne earlie
he 90th day after the record is filed.					
red	5			~ 1	<u></u>
Ch. 1/2	7/			ALL AECI	5
Signature of a member or a	authorized represe	entative of a memb	er	会会	
• /	1 / '		ì		ത
<i>}-</i>	MARA PEREZ		į	m_{\sim}	AH GR

Page 3 of 3

Filing Fee: \$25.00