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3. BRUCE

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: MR7C	C, LLC		
Sebster.	Name of Limit	ted Liability Company	
	Amendment and fee(s) are submodence concerning this matter t		
	Jose C. Marrero	o, Esq.	
		Name of Person	
	Law Office of Jose	C. Marrero, P.A.	
		Firm/Company	
	1200 Brickell Aven	ue, No. 505	
		Address	
	Miami, FL 3313	1	
		City/State and Zip Code	
	jose@marrerolaw	/.COM o be used for future annual report notification	on) 33. 3
For further information co	oncerning this matter, please ca	·	
Jose C. Ma		305 470-2030	6 28
Name of Enclosed is a check for the		Area Code Daytime Tek	ephone Number
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
≥ \$25.00 riling rec	Certificate of Status	Certified Copy (additional copy is enclosed)	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

MR7C, LLC			
(<u>Name of the Limi</u>	ted Liability Comp (A Florida Limited	any as it now appears on o Liability Company)	<u>ur records.</u>)
The Articles of Organization for this Limited L Florida document number <u>L13000061821</u>	iability Company	y were filed on April 2	9, 2013 and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited lial	bility company here:	
N/A			
The new name must be distinguishable and end with the	words "Limited Lia	bility Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)		7 PN 3
			
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of			records, enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
•		Enter Florida sti	reet address
			, Florida
		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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Luz M. Cevallos De Alonso	1200 Brickell Avenue	Add
		No. 505	Remove
		Miami, FL 33131	
MGR	Luz M. Cevallos Jimenez	1200 Brickell Avenue	Add
		No. 505	Remove
		Miami, FL 33131	<u>. </u>
			□ Add
			□ Add
			Add:
			PH II
			□ Remove
			□ Add
			☐ Remove

<u>N/A</u>	
Effective date, if other than the date of filing:	August 1, 2014 (optional)
The effective date must be enecific connot be prior to date	of receipt or filed date and cannot be more than 90 days after
The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department of	of receipt or filed date and cannot be more than 90 days after
The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department of	of receipt or filed date and cannot be more than 90 days after
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