

LI30000182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

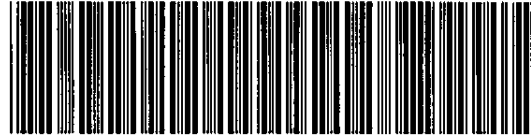
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300263682063

08/28/14--01028--013 **25.00

FILED
2014 AUG 28 PM 4:35
STATE OF FLORIDA
TALLAHASSEE FLDORCA

SEP 04 2014
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MR7C, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose C. Marrero, Esq.

Name of Person

Law Office of Jose C. Marrero, P.A.

Firm/Company

1200 Brickell Avenue, No. 505

Address

Miami, FL 33131

City/State and Zip Code

jose@marrerolaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose C. Marrero

Name of Person

at (**305**) **470-2030**

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

2014 AUG 28 PM 4:35
 FILED
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Luz M. Cevallos De Alonso</u>	<u>1200 Brickell Avenue</u>	<input type="checkbox"/> Add
		<u>No. 505</u>	<input checked="" type="checkbox"/> Remove
		<u>Miami, FL 33131</u>	
<u>MGR</u>	<u>Luz M. Cevallos Jimenez</u>	<u>1200 Brickell Avenue</u>	<input checked="" type="checkbox"/> Add
		<u>No. 505</u>	<input type="checkbox"/> Remove
		<u>Miami, FL 33131</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

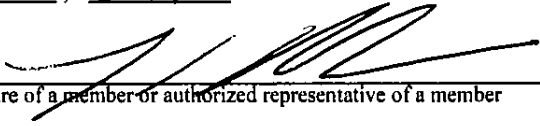
FILED
 2018 AUG 28 PM 4:35
 TAMPA COUNTY CLERK
 TAMPA, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: August 1, 2014 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 5th, 2014.



Signature of a member or authorized representative of a member

Jose C. Marrero

Typed or printed name of signee

FILED
2014 AUG 28 PM 4:35
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA