

#L13000066884

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BENNARDO LEVINE LLP  
Account Number : I20130000096  
Phone : (561) 392-8074  
Fax Number : (561) 368-6478

2014 APR 10 AM 11:36  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: ljcohen@bennardolevine.com

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14 APR 10 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
799 NW 7TH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

K. SALY  
EXAMINER

APR 10 2014

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 799 NW 7TH, 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:

Laura Cohen, Esq.

Name of Person

Bennardo Levine LLP

Firm/Company

1860 NW Boca Raton Blvd.

Address

Boca Raton, FL 33432

City/State and Zip Code

ljcohen@bennardolevine.com

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

For further information concerning this matter, please call:

Laura Cohen

Name of Person

at (561) 392-8074

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

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**ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION  
 OF**

799 NW 7TH, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
 (A Florida Limited Liability Company)

**FILED**  
 2014 APR 10 AM 11:36  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/07/2013 and assigned  
 Florida document number L13000066884.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Terra Smith

New Registered Office Address:

136 E. Boca Raton Road

*Enter Florida street address*

Boca Raton

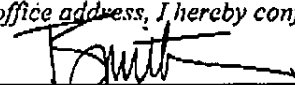
*City*

Florida 33432

*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

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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>MGRM</u>	<u>Deblase, Massmilliano</u>	<u>136 E. BOCA RATON ROAD</u>	<input type="checkbox"/> Add
		<u>BOCA RATON, FLORIDA 33432</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Moore, Jackie</u>	<u>136 E. BOCA RATON ROAD</u>	<input checked="" type="checkbox"/> Add
		<u>BOCA RATON, FLORIDA 33432</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

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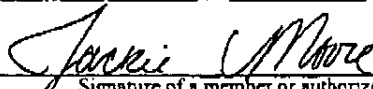
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida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

Dated April 10, 2014.



Signature of a member or authorized representative of a member

**Jackie Moore, Manager and Authorized Representative**

Typed or printed name of signee

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