

L13000 125037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

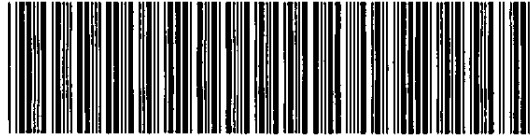
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 AUG - 4 PM 2:09

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 7130 HARDING AVE 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:

ANDRIYANOVA, ROUSLANA V

Name of Person

Firm/Company

6000 COLLINS AVENUE , #348

Address

MIAMI BEACH, FL 33140

City/State and Zip Code

rouslana.va@sbcglobal.net

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

For further information concerning this matter, please call:

Jose D. Mairena, Green and Kahn, P.L

Name of Person

305 865-4311 x 21
at ()

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2015 AUG -4 PM 2: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7130 HARDING AVE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/04/2013 and assigned
Florida document number L13000125037

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6000 COLLINS AVE APT NO 348

(Principal office address MUST BE A STREET ADDRESS)

MIAMI BEACH, FL 33140

Enter new mailing address, if applicable:

6000 COLLINS AVE APT NO 348

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI BEACH, FL 33140

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:

Andriyanova, Rouslana V

New Registered Office Address:

6000 COLLINS AVE APT NO 348

Enter Florida street address

MIAMI BEACH

Florida 33140

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>	<u>Address</u>	<u>Type of Action</u>
MGR	M & J MIAMI BEACH LLC	1282 NE 163RD ST ,	<input type="checkbox"/> Add
		NO MIAMI BEACH, FL 33162	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>mgr</u>	<u>Michael Rauf</u>		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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MICHIGAN DEPARTMENT OF STATE

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 7-20-2015, _____

Michael A. Rauf
Signature of a member or authorized representative of a member

MICHAEL RAUF

Typed or printed name of signee