# L13000/47041

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

SHRIECT.

7825 SW 71 COURT 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:

# **BEATRIZ PRENDES**

Name of Person

GBS DEVELOPMENT & MANAGEMENT CO

Firm/Company

7600 SW 57 AVENUE SUITE 128

Address

MIAMI, FL 33143

City/State and Zip Code

BETTYPRENDES@YAHOO.COM

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

For further information concerning this matter, please call:

**Beatriz Prendes** 

305 667-6060

Name of Person

Area Cade

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 2014 JAN 15 PH 2:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA

### 7825 SW 71 COURT LLC

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

(	, <b>,</b> -	
The Articles of Organization for this Limited Liability Compar	ny were filed on 10/17/201	and assigned
Florida document number L13000147041		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and end with the words "Li"L.L.C."	imited Liability Company," the	designation "LLC" or the abbreviation
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)	<del>.</del>	
promise must be man Bern 1961 of the Bon	<del></del>	
B. If amending the registered agent and/or registered	office address on our reco	ords, enter the name of the new
registered agent and/or the new registered office address he	<u>ere</u> :	
Name of New Registered Agent:		
•		
New Registered Office Address:	Enter Florid	da street address
		F1. 7.1.
<del></del>	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic	te performance of my duties s provided for in Chapter 60	s, and I am familiar with and 05, F.S. Or, if this document is

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>	Name	Address	Type of Action	
MGR	Pedro Infante	7600 SW 57 Avenue	Add	
		128	Remove	
		Miami, FL 33143		
			Add	
			Remove	
			Add	
			Remove	
		<del></del>	Add	
		<del></del>	Remove	
		<del> </del>		
			Add	
			Remove	
		-1-27		
			Add	
			Remove	

D. If amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)
•	
E. Effective date, if other than the date of f	g:(optional)
	cific and cannot be more than 90 days after filing.) (605.0207 (3)(b)
<sub>Dated</sub> january 9	2014
Signature of	GEORGE PRENDES
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

