114000025617

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
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(0)	- 101-1-101-101-	10
(Cil	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(,
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Elling Officer	
Special Instructions to	Filling Officer.	





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APR 2 3 2014

T. BROWN

COVER LETTER.

TO:	Registration Sec Division of Corp		4	
SUBJE	Room 20	7, e LC		
SUBJE		Name of Lim	ited Liability Company	
		amendment and fee(s) are sub	-	
Please 1	return all correspon	dence concerning this matter	to the following:	
		Anderson D. Dias		
			Name of Person	
			Firm/Company	
		253 NE 2ND STREE #634	ĒΤ	
			Address	
		Miami, FL 33132		
			City/State and Zip Code	
		diaz.anderson.d@gn		
			to be used for future annual report notifi	cation)
For furt	her information co	ncerning this matter, please c	all:	
Ande	rson D. Dias		786 5437520	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	e following amount:		
\$25	6.00 Filing Fee	□ \$30.00 Filing Fec & 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 Tallahassec, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



April 1, 2014

ANDERSON D DIAS 253 NE 2ND STREET #634 MIAMI, FL 33132

SUBJECT: ROOM 207, LLC Ref. Number: L14000025617

We have received your document for ROOM 207, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 114A00006948

Teresa Brown Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES	TO	
ARTICLES OF	F ORGANIZATION OF	COTOS.) THE APPRIX AMIDION
Room 207, LLC		All Str. AMIO.
(<u>Name of the Limited Liability Co</u> r (A Florida Limi	mpany as it now appears on our rec ted Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comparing L14000025617 L14000025617	any were filed on <u>02/13/201</u> 4	4 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and end with the words "Limited Enter new principal offices address, if applicable:		"LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address in the new registered of t		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	duan
	Emer r toriaa sireet aa	
	City	Florida 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ROBERT A. SMITH	461 Lake Drive	
		Ocala, FL 34472	■ Remove
			L Add
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			□ Remove
			Add
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	(optional) and cannot be more than 90 days after
he date this document is filed by the Florida Department of State)	(optional) and cannot be more than 90 days after
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he date this document is filed by the Florida Department of State)	(optional) and cannot be more than 90 days after
ffective date, if other than the date of filing: the effective date must be specific, cannot be prior to date of receipt or filed date the date this document is filed by the Florida Department of State) MARCH 24th Signature of a member or authorized re	

Page 3 of 3

Filing Fee: \$25.00