

L140000 59770

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 7477 SW 82 Street C215 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:

Paolina Hess
Name of Person

Thomas J. Hess, PA
Firm/Company

10305 NW 41 Street
Address

St. 126, Doral, FL 33178
City/State and Zip Code

paolina@thesslaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paolina Hess at (305) 597-5001
Name of Person 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

7477 SW 82 Street C215 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 4/10/14 and assigned Florida document number L140000058790

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)

9835 SW 72nd Street
Ste. 200
Miami, FL 33173

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

9835 SW 72nd Street
Ste. 200
Miami, FL 33173

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:

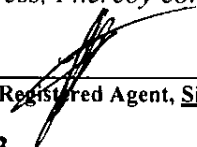
Thomas J. Hess, P.A.

New Registered Office Address:

10305 NW 41 Street, Ste. 120
Enter Florida street address
Doral, Florida 33178
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
Page 1 of 3

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

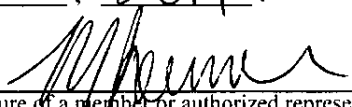
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Daniel Lopez</u>	<u>7370 NW 36th Ave</u>	<input type="checkbox"/> Add
		<u>Miami, FL. 33147</u>	<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>Juan Manuel Ramos</u>	<u>9835 SW 72nd Street</u>	<input checked="" type="checkbox"/> Add
		<u>St. 206</u>	<input type="checkbox"/> Remove
		<u>Miami, FL. 33173</u>	
<u>AMBR</u>	<u>Blanca Fias De Ramos</u>	<u>9835 SW 72nd Street</u>	<input checked="" type="checkbox"/> Add
		<u>St. 206</u>	<input type="checkbox"/> Remove
		<u>Miami, FL. 33173</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

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

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 July 28, 2014.



Signature of a member or authorized representative of a member

J. Manuel Ramos

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

RECEIVED
JUL 29 11:11
STATE OF FLORIDA
DEPARTMENT OF STATE