

(Řŧ	equestor's Name)	
(***	- 4 - 2 - 1 - 1 - 1 - 1 - 1 - 1	
(Ac	idress)	
, (Ac	idress)	
(Ci	ty/State/Zip/Phone	<b>⇒</b> #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
1	Office Use On	lv



700263683687

08/28/14--01028--018 \*\*25.00

2014 AUG 28 PH 4: 34

SEP 04 2014 J. BRUCE

## **COVER LETTER**

TO: Registration Sect Division of Corpo					
7225	Properties, LL	.C			
SUBJECT: 1220		ted Liability Company			
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.			
Please return all correspon	dence concerning this matter t	to the following:			
•	Jeffrey Pard	o, Esq.			
•		Name of Person			
	Pardo Gains	burg, PL			
		Firm/Company	1.00		
	200 SE First	Street, Suite 700	)		
•		Address			
	Miami, Florid	da 33131			
		City/State and Zip Code			
	jpardo@pardoga				
	E-mail address: (I	to be used for future annual report notifies	ition)		es segment
For further information co	ncerning this matter, please ca	all:		ALG ALG	18.00 4.880
Jeffrey Parc	lo	<sub>at</sub> 305 <sub>,</sub> 358-10		AUG 28	
Name of Enclosed is a check for the		Area Code Daytime T	elephone Number	PM 4: 34 OF STALE E-FL-GRIDS	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

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

7225 Properties, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000094916	were filed on June 12, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	vility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7272 NE 6th Court, Apt. 4	
(Principal office address MUST BE A STREET ADDRESS)	Miami, Florida 33138	7-3 
Enter new mailing address, if applicable:	7272 NE 6th Court, Apt. 4	UG 28
(Mailing address MAY BE A POST OFFICE BOX)	Miami, Florida 33138	T 2 11.
JAMANING MANY BEATOST OFFICE BOX)		H 4: 34
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>ente</u> <u>e</u> :	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	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 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 Type of Action **Title Name Address** 800 Biscayne Blvd. Avra Jain MGR □ Add Suite 100 **■** Remove Miami, Florida 33132 7272 NE 6th Court, Apt. 4 MGR Little River Miami Investments, LLC Miami, Florida 33138 ☐ Remove ☐ Remove □ Add \_□ Add ☐ Remove

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)	Tax ID No. 47	-1563512	radamonai sneets, ij necessary.)
(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 effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after			
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 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 fried by the Florida Department of State)	(The effective date must be specific,	annot be prior to date of receipt or filed date an	(optional) d cannot be more than 90 days after
Dated August 27 2014	Dated August 27		
Melke		Mulfe	
Signature of a member or authorized representative of a member			esentative of a member
Jeffrey Pardo, Esq., its attorney  Typed or printed name of signee	<u>Jeffrey Par</u>		

Page 3 of 3

Filing Fee: \$25.00

2814 AUG 28 PH 4: 34