

2466094916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

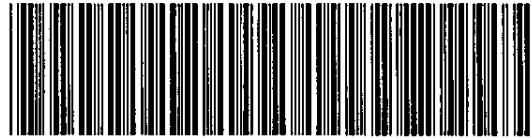
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE-FLORIDA

SEP 04 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 7225 Properties, 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:

Jeffrey Pardo, Esq.

Name of Person

Pardo Gainsburg, PL

Firm/Company

200 SE First Street, Suite 700

Address

Miami, Florida 33131

City/State and Zip Code

jpardo@pardogainsburg.com

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

For further information concerning this matter, please call:

Jeffrey Pardo

Name of Person

at (305) 358-1001

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

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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>
MGR	Avra Jain	800 Biscayne Blvd.	<input type="checkbox"/> Add
		Suite 100	<input checked="" type="checkbox"/> Remove
		Miami, Florida 33132	
MGR	Little River Miami Investments, LLC	7272 NE 6th Court, Apt. 4	<input checked="" type="checkbox"/> Add
		Miami, Florida 33138	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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DADE COUNTY FLORIDA

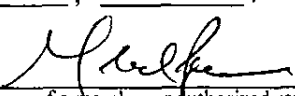
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Tax ID No. 47-1563512

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 August 27, 2014



Signature of a member or authorized representative of a member

Jeffrey Pardo, Esq., its attorney

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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