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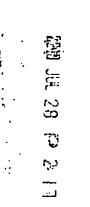
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

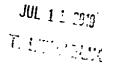
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## **COVER LETTER**

то:		stration Sect sion of Corpo			
eun ir			vestments LLC		
SUBJEC	LI: ,			ited Liability Company	<del></del>
The encl	losed	Articles of A	mendment and fee(s) are subt	mitted for filing.	
Please ro	eturn	all correspond	dence concerning this matter t	to the following:	
			Karla Betanco		
				Name of Person	
			United R 7 Investments		
				Firm/Company	<del></del>
			3590 NW 34 St		
				Address	<del> </del>
			Miami FL 33142		
			aboveallmario@yahoo.com	City/State and Zip Code	
			E-mail address: (t	to be used for future annual report	notification)
For furth	ner in	formation cor	ncerning this matter, please ca	ill:	
Karla B	etanci	0		305 556-663.	3
		Name of I	<sup>3</sup> erson		ytime Telephone Number
Enclosed	d is a	check for the	following amount:		
<b>■</b> \$25.	.00 Fi	ling 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:

TO:

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

t	1-1-11	D	-	investments	1	τ	~
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United R 7 Investments LLC		NAME JUL 28 P 2 17
(Name of the Lim	ited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.)
The Articles of Organization for this Limited I Florida document number L14000100329	Liability Company were file	ed on 6/23/2014 and assign
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability con	ipany here:
The new name must be distinguishable and contain the	words "Limited Liability Compa	my," the designation "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of		iress on our records, enter the name of t
Name of New Registered Agent:	Karla Betanco	
New Registered Office Address:	3590 NW 34 st	
		Enter Florida street address
	Miami	, Florida <sup>33142</sup>
	Cuy	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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of A
p	Mario D Rodriguez	3590 NW 34 St	
<u></u>			
		Miami FL 33142	■ Remov
		~	- Kelliov
			Change
AMBR	Milagros Figueroa	3590 NW 34 St	
			■ Add
		Miami FL 33142	□ Remove
		<del> </del>	LI Kemove
			Change
AMBR	Mario Rodriguez	3590 NW 34 St	
			Add
		Miami FL 33142	Remove
			L Remove
		<del></del>	Change
AMBR	Karla Betanco	3590 NW 34 St	
		_	Add
		Miami FL 33142	Remove
		<del></del>	C Remove
			Change
			Remove
			LI Remove
			□ Change
			П.В.,
			□ Remove
			Change

6/26/2019
E. Effective date, if other than the date of filing:(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
(b) The 90th day after the record is filed.
Dated 6/26/19
$1/\alpha +$
Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member
Karla Betanco.
Typed or printed name of signee

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

Page 3 of 3

Filing Fee: \$25.00