L14000127013

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(Ac	ddress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	: #)
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COVER LETTER

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то:	Registration Section Division of Corporations
SUBJI	SEVENTH BRIGADE L.L.C
	Name of Limited Liability Comp.
	closed Articles of Amendment and fee(s) are submitted for filing.
	ALVEIRO VALENCI
	Name of Per
	Firm/Comp
	3725 KENSINGTON

ed Liability Company

LENCIA

Name of Person

Firm/Company

NGTON STREET

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

alveirov@comcast.net

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

For further information concerning this matter, please call:

ALVEIRO VALENCIA

Name of Person

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

SEVENTH BRIGADE L.L.C		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L14000127013	Company were filed on 08/13/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the words "Li	mited Liability Company," the designation "LLC" or the	abbreviation: L.L.C."
Enter new principal offices address, if applicable:		FOR THE TOTAL PROPERTY.
• •	D. 200	19 10
(Principal office address MUST BE A STREET ADD)	(ESS)	33 5 F
		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5.4 W 11 16 W 11		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Citv	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 **Address Title** <u>Name</u> 4496 CARAMBOLA CIRCLE RUBEN HERMAN SAIDMAN ■ Add COCONUT CREEK FL,33056 □ Remove ☐ Remove □ Remove ☐ Remove

_ Add

☐ Remove

amending any other information, enter change(s) here: (Attach additional sheets, if necessary	·)
	 _
•	
ective date, if other than the date of filing:(optional)	
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after edate this document is filed by the Florida Department of State)	
ted 09/02/2014	
\leq //	= B
Signature of a member or authorized representative of a member	2014 SEP SEURET
	27 -
ALVEIRO VALENCIA	
ALVEIRO VALENCIA Typed or printed name of signee	- <u> </u>
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Filing Fee: \$25.00