

L15000040696

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AUG 11 2015
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

NW 7TH AVENUE INVESTMENTS, LLC

SUBJECT: _____
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:

ROBERT KAHN ESQ

Name of Person

Firm/Company

4522 SHERIDAN AVE

Address

MIAMI BEACH, FL 33140

City/State and Zip Code

robert@goodearthproperty.com

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

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95 JUN 16 11 25 AM '95

For further information concerning this matter, please call:

ROBERT KAHN

305 672-0469

at (_____) _____

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

**AMENDMENT TO
ARTICLES OF ORGANIZATION
OF**

NW 7TH AVENUE INVESTMENTS, 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 03/05/2015 and assigned
Florida document number L15000040696

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

14829 NW 7 AVE.

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33168

Enter new mailing address, if applicable:

14829 NW 7 AVE.

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33168

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: ROBERT BAILEY

New Registered Office Address: 14829 NW 7 AVE.

Enter Florida street address

MIAMI, Florida 33168

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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	ROBERT KAHN	4522 SHERIDAN AVENUE	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROBERT BAILEY	14829 NW 7 AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33168	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BRETT BAILEY	14829 NW 7 AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33168	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WILLIAM D. BAILEY, JR.	14829 NW 7 AVENUE	<input type="checkbox"/> Add
		MIAMI, FL 33168	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Multiple horizontal lines for text entry, spanning across a vertical line.

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 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 AUGUST 3 , 2015



Signature of a member or authorized representative of a member

ROBERT BAILEY

Typed or printed name of signee

FILED
AUG 10 2015
15 ME 10 2015