

(Re	equestor's Name)	
(Ac	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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\*\* FEB 22 PN 3: 59
SECRETARY (FINIAL)

FEB 2 3 2016 S. YOUNG

## **COVER LETTER**

TO: Registration Division of C	Section Corporations			
• •	I STATE ROAD 7 INVESTMEN	TS, LLC		
SUBJECT:				
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	ROBERT KAHN			
·		Name of Person		
	******	Firm Company	<del></del>	
	4522 SHERIDAN AVEN	4522 SHERIDAN AVENUE		
	MIAMI, FL 33140	Address	1810 FEB 181	,
	ROBERT@GOODEART'E		Z2 PI	
For further informatio	E-mail address: ( n concerning this matter, please co	to be used for future annual report noti all:	fication)	
ROBERT KAHN		305 672-0460 at ( )	32-1	
Nam	te of Person		e Telephone Number	
Enclosed is a check fo	or 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

(Name of the Limited L (A l	iability Compa Iorida Limited I	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company were filed on			5 and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liab	ility company here:	
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the designation	n "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		14829 NW 7 AVE	5年 中
		MIAMI, FL 33168	2 2
			- B 2 B
Estan nom mailing address if applicable		14829 NW 7 AVE	in the second se
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FL 33168	977 8
(MINIME MANES MAY BE AT OF THE BO	<u>a.</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office			ecords, enter the name of the nev
Name of New Registered Agent:	ROBERT BAI	LEY	
New Registered Office Address:	14829 NW 7 A	VE ,	
		Enter Florida street	address
:	MIAMI	•	
New Registered Agent's Signature, if changing Regi	stered Agent:	City	Zip Code
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this change in the region of the the regio	nd complete ed agent as p stered office	performance of my duti rovided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

### or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AP	ROBERT KAHN	4522 SHERIDAN AVE	
		MIAMI BEACH, FL 33140	■ Remove
			Change
MGR	DONNA DAY BAILEY	14829 NW 7 AVE	<b>=</b> Add
		MIAMI, FL 33168	☐ Remove
	• · · · · · · · · · · · · · · · · · · ·		Change
MGR	BRETT BAILEY	14829 NW 7 AVE	■ Add
	:	MIAMI, FL 33168	🖸 Remove
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			6 22 555 18
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ective date, if other than the da	nte of filing:		(optional)		
effective date is listed, the date must be  if the date inserted in this block ument's effective date on the Department's effective date on the Department specifies a delayed e	e specific and cannot be prior to da k does not meet the applicable artment of State's records.	statutory filing requi	90 days after filing, rements, this date	) Pursuant to ( will not be l	isted a
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Filing Fee: \$25.00