

LIS000056437

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2015 AUG -5 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan AUG -6 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 7050 Investment, 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:

Chapman Smith, Esq.

Name of Person

Chapman Smith & Associates, PLC

Firm/Company

2699 Stirling Road, Suite A-201

Address

Ft. Lauderdale, FL 33312

City/State and Zip Code

csmith@csmithassoc.com and service@csmithassoc.com

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

For further information concerning this matter, please call:

Chapman Smith

954

981-3249

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2015 AUG -5 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7050 Investment, 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 3/30/15 and assigned
Florida document number L15000056437.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8480 SW 141st Street

Miami, FL 33158

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:

Chapman Smith, Esq.

New Registered Office Address:

2699 Stirling Road, Suite A-201

Enter Florida street address

Ft. Lauderdale

Florida 33312

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	Angel Perez	8480 SW 141st Street	<input checked="" type="checkbox"/> Add
		Miami, FL 33158	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Luis F. Sera	7050 SW 8th Street	<input type="checkbox"/> Add
		Miami, FL 33155	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated **July 22** **2015**

Arnell Perez
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Angel Perez, Member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2015 AUG -5 AM 11:42
CLERK OF DISTRICT COURT
TAMPA FLORIDA