L15000078176

(Requestor's Name)	
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(Address)	
(City/State/Zip/Phone #)	
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(Document Number)	
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ISPARIMENT OF STATE
JEVISION OF CORPORATION

'ALLAHASSEE, FLOSIO'

FEB 2 7 2020 S. YOUNG

COVER LETTER

FO: Registration Se Division of Cor	
98 SE 7 LL	c
SUBJECT:	Name of Limited Liability Company
he enclosed Articles of	Amendment and fee(s) are submitted for filing.
lease return all correspo	ndence concerning this matter to the following:
	Andrew Walker
	Name of Person
	98 SE 7 LLC
	Firm/Company
	98 SE 7th St
	Address
	Deerfield Beach, FL, 33441
	City/State and Zip Code
	accounting@eventdecordirect.com
	E-mail address: (to be used for future annual report notification)
for further information co	oncerning this matter, please call:
Andrew Walker	561 223-7699 at ()
Name of	
	-
Enclosed is a check for th	e following amount:
S25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

98 SE 7 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 Co	ompany were filed on may 4th 2015	and assigned
Florida document number 115000078176	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
		.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:		<u>.</u>
New Registered Office Address:		
	Enter Florida street address	·
	Flori	da

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
MGR	Karine Lester	491 High St. Boca Raton, FL, 33441	■Add
			□Remove
			□Change
			□Add
			□Remove
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n effectiv	ve date is listed, t	he date must be sp	ecific and can	ot be prior to d	ate of filing or mo	re than 90 days afte	r filing.) Pursuant to is date will not be	605.0207
o <u>te:</u> II ti cument`	he date inserted 's effective date	i in this block december to the contract of the Departi	oes not meet nent of State	the applicable is records.	statutory filing	requirements, th	is date will not be	disted as
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ecord sp	ecifies a delay	ed effective date	, but not an e	ffective time,	at 12:01 a.m. o	n the earlier of: (b) The 90th day	after the
is filed.						,	,	
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					d representative o			

Filing Fee: \$25.00

Typed or printed name of signee