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COVER LETTER

Division of	Corporations	
VIIXV SUBJECT:	7111 75, LLC	
	Name of Limited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.	
Please return all corre	espondence concerning this matter to the following:	
	Christopher M. Trapani, Esq.	
	Name of Person	
	Christopher M. Trapani, P.A.	
	Firm/Company	
	10640 Griffin Road, Suite 106C	
	Address	,
	Cooper City, FL 33328	
	City/State and Zip Code	
	emailservice@trapani-law.com	
	emailservice@trapani-law.com E-mail address: (to be used for future annual report notification) PORT E-mail address: (to be used for future annual report notification)	П
For further informatio	on concerning this matter, please can.	; =
Christopher M. Trapa	ani 954 530-6957 TO D	Щ
Nam	ne of Person Area Code Daytime Telephone Number 07	
	NO STEP	,
Enclosed is a check for	or the following amount:	•
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

VIIXIII 75, LLC			
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on outed Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on June 25,	2015	and assigned
Florida document numberL15000109839			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
VIIXVIII 75, LLC			
The new name must be distinguishable and contain the words "Limited L	iability Company." the designat	ion "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	5)		
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		EC.	
Entou many mailing address of annihables		AUG AHA	1
Enter new mailing address, if applicable:	^	- 5,5	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
			•
B. If amending the registered agent und/or registered	d office address on our	records <u>Enter H</u>	e name of the new
registered agent and/or the new registered office address	<u>here</u> :	·	
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida stree	r address	
		F33 4 5	
	Circ	, Florida	Zin 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 affice 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			
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n effective date is linte: If the date in	serted in this blo	ck does not	meet the ap	plicable sta	of filing or mo stutory filing	e than 90 day: requirement	s after filing s. this date	y.) Pursua will no	int to 605.0 It be listed
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Filing Fee: \$25.00