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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
(Bt	siness Entity Nan	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 19, 2018

DAVID HALABY 1413 20TH ST #409 MIAMI BEACH, FL 33139

SUBJECT: FOURTEEN 7 LLC Ref. Number: L15000122374

We have received your document for FOURTEEN 7 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Writing illegible, please revise.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 318A00007996

RECEIVED

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BEPARTMENT OF STATE

BEPARTMENT OF STATE

OLYSION OF CORPORATION

TALL A HASSEE, FLIPPER

COVER LETTER

TO: Registration Section Division of Corpor				
SUBJECT:	Fourteen Name of Lim	7, LLC ited Liability Company		
The enclosed Articles of Ame	endment and fee(s) are sub	mitted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
		Name of Person		
		Firm/Company		
	1413	20th A		
	Modern address: (Address Mi Blach FL 3 City/State and Zip Code Malabu • hot mail to be used for future annual report notif	low ication)	市一一
For further information conce	erning this matter, please ca	all:	T T	
Name of Per	Hulaku	at (307) <u>A13</u> Area Code Daytime	76a5 E	
Enclosed is a check for the fo	ollowing 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

For	urteen 7, LLC	
(Name of the Limited L (A F	Jability Company as it now appears on our records.) Iorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	lity Company were filed on 7/16/15	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable		or the abbreviation "L.I.C."
(Principal office address MUST BE A STREET A	(DDRESS)), or ————————————————————————————————————
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	2680 Michigan Mam Beach	Ave 144 FL 33139
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the nev
Name of New Registered Agent:	NANEVA CAPIT	AL LLC
New Registered Office Address:	1413 20th St =	# 409
	MIAMI BEACH, Flori	
	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>	Address	Type of Action
MGR	RICHARD WESSLER	1504 BAY RD #2810	🗖 Add
		1504 BAY RD #2810 MIAMI BEACH FL 33139	Remove
		***	☐ Change
			🖸 Add
			☐ Remove
			Change
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Fective date, if other than the an effective date is listed, the date must			to data of Clina	than (V	(optional)	Dummant	در درو ر <u>م</u>

Page 3 of 3

Filing Fee: \$25.00