# 15000/62321

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### **COVER LETTER**

Div	ision of Cor	porations	•		
SUBJECT:	7th Avenue Frontage, LLC				
		Name of Lim	ited Liability Company		
The enclosed	d Articles of .	Amendment and fee(s) are sub	omitted for filing.		
Please return	i all correspo	ndence concerning this matter	to the following:		
		Ron Klein, Esq.			
		Kiein & Fortune, P.A.	Name of Person		
Firm/Company 4340 Sheridan Street, Suite 102					
		Hollywood, Florida 33021	Address	~~~~~~·	
		mrlaw@bellsouth.net	City/State and Zip Code	<del></del>	
For further in	nformation co	E-mail address: (	to be used for future annual report notitionall:	cation)	
Ron Klein			954 986-8822 at ( )		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	t check for th	e following amount:			
■ \$25.00 F	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

TO:

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

7th Avenue Frontage, LLC

FILED

( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears	on our records.)
(A Flonda	Limited Liability Company)	JUL 25 P 5 16
The Articles of Organization for this Limited Liability Co	ompany were filed on 09/2	24/2015 SECRETARY OF A SEPRED
Florida document number L15000162321	_,	IALLANASSELT COMPA
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company her	<u>'e</u> :
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	<u> </u>	
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist	ered office address on	our records, enter the name of the ne
registered agent and/or the new registered office addr		,
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	da street address
		, Florida Zip Code
	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>	Type of Action
			Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
			Remove
			Change
			Remove
			Change
<del></del> .			
			Remove
			□ Change

-	All membership units belonging to Gaby Kressly, were
-	transferred to Gaby T. Kressly as Trustee of the Gaby T. Kressly
-	Revocable Trust dated June 12, 2019.
-	
-	
-	
-	
-	
** ***	
(If an et <u>Note:</u>	five date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	GABY KAESSLY
	Adu Kresliv
	Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00