## 15000/83/82

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## **COVER LETTER**

TO: Registration So Division of Cor					
	stment Group 7, LLC	•	·		
SUBJECT:	Name of Lin	nited Liability Company	- 20 Ja		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	20 Jan 19 An 1		
Please return all correspo	ondence concerning this matter	to the following:			
	Ignacio Martinez				
		Name of Person	<del></del>		
	Solid Investment Group 7.	LLC			
	Firm/Company 713 CRESCENT WAY				
	713 CRESCENT WAY				
	Address				
	WESTON, FL 33326				
		City/State and Zip Code			
	Ignaciojosemb@gmail.com	1			
	E-mail address: (	to be used for future annual report noti-	fication)		
For further information of	concerning this matter, please c	all:			
Ignacio Martinez		786 488-6827			
Name o	of Person		e Telephone Number		
Enclosed is a check for the	he 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)		
<u>Mailing Addres</u> Registration S		Street Address: Registration See	ction		
Division of C		Registration Section Division of Corporations			
P.O. Box 632	27	The Centre of T	allahassee		
Tallahassee.	FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Solid Investment Group 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 Company were filed on  $\frac{10-28-2015}{10-28-2015}$ Florida document number 1.15000183182 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 "LLC." 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) 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: New Registered Office Address: Enter Florida street address

## 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	PIROZZI. FABBIO	40 SW 13 STREET #301 MIAMI, FL 33130	□ Add
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Note: 1	f the date inserted in nt's effective date or	this block doe	s not meet the	applicable sta	utory filing requ	rements, this date	will not be listed as
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rd is file					^		
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Dated _	December 16		2019	·_		_	
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Typed or printed name of signee