Division of Corporations

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(((H17000049234 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ARTURO YERO P.A.

Account Number : 120150000125 : (305)444-0884 Phone

: (305) 444-0786 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION 7 DEVELOPMENT GROUP, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7 Development Group LLC	_	
(Name of the Limited Liabil (A. Florid	ty Contpany as it now app Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability C Florida document number L16000035532	Company were filed on	02/19/2016 <u>and assigned</u>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited <u>Nabiljty</u> company	<u>bere</u> :
The new name must be distinguishable and contain the words "Lim	ined Liability Company," th	e designation "LLC" or the abbreviation "L.L.G."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI		
11 THEODER OFFICE RESERVED TO THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROP		.3
Enter new mailing address, if applicable:	lei .	
(Mulling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:		
New Registered Office Address:	r_1_ Y	orida street address
	Enter P.	
	City	, Florida Zip Code
New Registered Agent's Signature. If changing Registere	•	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and confidence of the obligations of my position as registered ageing filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of gent as provided for in d office address, I her d office address, I her u Changing Registered A	of my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is
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## H170000492343

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

Title	<u>Name</u>	Address	Type of Action		
MGR	ENRIQUE B. LARA	1221 Brickell Ave Suite 710			
,,		Miami Fl 33131	☐ Remove		
			Change		
<del></del>					
			□ Remove		
			☐ Change		
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			□ Remove		
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					H170000492343		
If amo	ending any other info	rmation, enter cha	Attach additional :	sheets, if necessary,	)		
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Note:	tive date, if other than fective date is listed, the date If the date inserted in thi	s block does not mee	t the applicable	ste of filing or more the	(optional) en 90 days after filing.) piremente, this date w	Pursuant to d	605.02 listed <i>t</i>
	nent's effective date on th						
ne red The	cord specifies a dela : 90th day after the	yed effective dat record is filed.	e, but not ar	effective time,	at 12:01 a.m. o	n the ear	rlier
Dated	February 22	;	2017				

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Typed or printed name of sign

Alberto Azpurus Lara

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