L16000131255

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

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July 19, 2021

RAUL PINEYRO 18505 NW 75 PLACE, STE 127 HIALEAH, FL 33015

SUBJECT: 7411 NW 186 ST, LLC Ref. Number: L16000131255

We have received your document for 7411 NW 186 ST, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6842.

Deborah Bruce Corporate Records Supervisor II

Letter Number: 921A00016620

COVER LETTER

TO: Registration Se Division of Cor				
7411 NW I	86 St LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Raul Pincyro			
		Name of Person		 _
	7411 NW 186 St LLC			
		Firm/Company		
	18505 NW 75 Place Suite 127			
Address				
	Hialeah, FL 33015			
		City/State and Zip C	ode	
	raul@springviewacademy.r			7021
For further information c	E-mail address: (oncerning this matter, please c		nual report notification)	2021 JUL 26 T&LUA 1
Raul Pineyro	-	305	970-1837	umber N
Name o	f Person	Area Code	Daytime Telephone N	umber · · · · · · · · · · · · · · · · · · ·
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing I Certified Cop (additional copy)	y Cer s enclosed) Cer	.00 Filing Fee, tificate of Status & tified Copy litional copy is enclosed)
Mailing Addres			et Address:	
Registration Section Division of Corporations		•	istration Section ision of Corporations	
P.O. Box 6327			Centre of Tallahassee	
Tallahassee, FL 32314		241.	5 N. Monroe Street, Su	ite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7411 NW 186 St LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited Lia	onny Company)		
The Articles of Organization for this Limited Liability Company w Florida document number 1.16000131255	ere filed on 7/12/2016	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabili</u>	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	abbreviation "L.	L.C."
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 add agent and/or the new registered office address here:	dress on our records, <u>enter the na</u>	$\frac{\text{me of the new}}{\mathbb{R}^{n}} \stackrel{\sim}{\simeq}$	<u>regist</u>
			7 **
Name of New Registered Agent:		7. 28	
New Registered Office Address:		·	- u
	Enter Florida street address	<u> </u>	J
	Florida _		
	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 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
Treasurer	Nery Pineyro	18505 NW 75 Place Suite 127	□Add
		Hialeah FL 33015	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		·	□Change
			DRemove
			ØRemove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

Typed or printed name of signee

Raul Pineyro