

L16000150638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

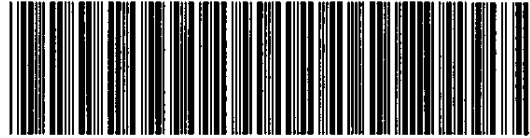
(Business Entity Name)

(Document Number)

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AUG 26 2016
S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG 25 AM 11:44

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 7911 LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Jeffrey D. Martins
Name of Person

7911 LLC
Firm/Company

11713 SW 129 Place
Address

Miami, FL 33186
City/State and Zip Code

jmartinsmd@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Jeffrey D. Martins at (305) 409-4353
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FLORIDA
16 AUG 25 AM 11:44

Enclosed is a check for the 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)

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**

7911 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 8/11/16 and assigned Florida document number L14000150638.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

n/a

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:

n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

n/a

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA
16 AUG 25 AM 11:4

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:

n/a

New Registered Office Address:

Enter Florida street address

, 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 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>	<u>Type of Action</u>
MGR	Jennifer D. Brau	12955 NW 18 Manor	<input type="checkbox"/> Add
		Pembroke Pines, FL 33028	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dr. Jeffrey D. Martin's	11713 SW 129 Place	<input checked="" type="checkbox"/> Add
		Miami, FL 33186	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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16 JUN 23 AM 11:44

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

Multiple horizontal lines for amending information.

16 AUG 25 11:44 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated August 19, 2016.

[Handwritten Signature]

Signature of a member or authorized representative of a member

Dr. Jeffrey D. Martinis

Typed or printed name of signee

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L16000150638
FILED 8:00 AM
August 11, 2016
Sec. Of State
tlhenderson

Article I

The name of the Limited Liability Company is:

7911 LLC

Article II

The street address of the principal office of the Limited Liability Company is:

11713 SW 129TH PLACE
MIAMI, FL. 33186

The mailing address of the Limited Liability Company is:

11713 SW 129TH PLACE
MIAMI, FL. 33186

Article III

The name and Florida street address of the registered agent is:

JEFFREY D MARTINS DR.
11713 SW 129TH PLACE
MIAMI, FL. 33186

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG 25 AM 11:45

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: DR. JEFFREY D MARTINS

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
JENNIFER D BRAU
12955 NW 18 MANOR
PEMBROKE PINES, FL. 33028

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August 11, 2016
Sec. Of State
tlhenderson

Signature of member or an authorized representative

Electronic Signature: DR. JEFFREY D. MARTINS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

Please remove Jennifer D. Brau & Add Dr. Jeffrey D. Martins as Manager.

16 AUG 25 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA