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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

707 Associates, LLC				
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				A
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
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				RA Resignation
			<del></del>	Dissolution / Withdrawal
			— <u> </u>	Annual Report / Reinstatement
				Cert. Copy
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		1		Certificate of Good Standing
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				Corp Record Search
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Requested by: SETH				UCC 1 or 3 File
	Date	T:		UCC 11 Search
Name	Date	Time		UCC II Retrieval
Walk-In	Will Pick Up			Courier

## OocuSign Envelope ID: 880BE3DF-1DBA-48D5-8881-CB1426585014 COVER LETTER

	Registration Se Division of Cor			
SUBJEC	~**	CIATES, LLC		
SOBJEC	, I :	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	indence concerning this matter	to the following:	
		Richard M. Klitenick, Esq	-	
			Name of Person	
		Richard M. Klitenick, PA		
			Firm/Company	-
		1009 Simonton Street		
			Address	
		Key West, FL 33040		
			City/State and Zip Code	
		richard@rmkpa.com	to be used for future annual report in	artification.
For furth	er information c	oncerning this matter, please c	·	ouncaeony
Richard :	M. Klitenick, Es	q.	305 292-4101 at ()	
Name of Person		Area Code Dayt	ime Telephone Number	
Enclosed	is a check for th	ne following amount:		
<b>≡</b> \$25.0	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 Addres Registration S Division of C	Section orporations	Street Address: Registration S Division of C	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

OccuSign Envelope ID: 880BE3DF-1DBA-48D5-8881-CB1426585014

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

707 ASSOCIATES, LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited)	iny as it now appears on our r Liability Company)	ecords.)		
The Articles of Organization for this Limited I	Liability Company	were filed on February 24	and assigned		
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LEC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	icable:	c/o Hoffer Properties			
Principal office address MUST BE A STRE	ET ADDRESS)	100 Sterling Parkway, Su	ite G19		
		Mechanicsburg, PA 1705	0		
Enter new mailing address, if applicable:		c/o Hoffer Properties			
Mailing address MAY BE A POST OFFICE	<u> ΒΟΧ)</u>	100 Sterling Parkway, Suite G19			
		Mechanicsburg, PA 1705	U		
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office : <u>ess herc</u> :	address on our records, <u>e</u>	nter the name of the new registe		
Name of New Registered Agent:	Richard M. Kli	tenick, Esq.	ن		
New Registered Office Address:	1009 Simonton		uddress E T		
	Key West	Enter Florida street c	Florida 33040 70 2		
		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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

OccuSign Envelope ID: 880BE3DF-1DBA-48D5-8881-CB1426585014
II amenoing Aumorized rerson(s) aumorized 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
AMBR	Norman K. A. Hoffer	c/o Hoffer Properties	
		100 Sterling Parkway	
		Suite G19	
		Mechanicsburg, PA 17050	
			□Remove
			Change
		<del>-</del>	
		□Remove	
		□ Change	
			□Add
			□Remove
			□Change
		□Add	
			□Remove
			□Change

ffective date, if other than the date of filing:					
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed bounded in the Department of State's records.  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 is filed.					
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tted February 22 2021	ecord specifies a delayed effective dat is filed.	e, but not an effective tim	ie, at 12:01 a.m. on the	earlier of: (b) The 90t	h day after the
	February 22	2021	_ ·		
DocuSigned by:					
Norman E. A. Hoffer  - C84888751027415. Signature of a member or authorized representative of a member	DocuSigned by:				

Filing Fee: \$25.00