L17000050230

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Special Instructions to	Filing Officer:	
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COVER LETTER

" Division of Co				
SUBJECT:	7	700F LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	JORGE SALCEDO			
		Name of Person		
	SALCEDO ATTORNEYS	S AT LAW PA		
		Firm/Company		
	200 S BISCAYNE BOULI	EVARD, SUITE 2700		
•		Address	*	
··	MIAMI, FL, 33131			
		City/State and Zip Code	e	
	DCASTRO@LAWJSH.CO	M to be used for future annua	1 · · · · · · · · · · · · · · · · · · ·	
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	concerning this matter, please co	a11:		
DANIEL CASTRO	of Person	305 at()	3750640	
Name o	of Person	Area Code	Daytime T	elephone Number
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is ea		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist	ANG ADDRESS: ration Section on of Corporations	Registra	ET/COURIER ation Section n of Corporati	R ADDRESS:

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



700F LLC

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

(A Fiorial	a Emmed Elabinity Company)		
The Articles of Organization for this Limited Liability C Florida document numberL17000050230	Company were filed on	03/03/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company her	<u>e</u> ;	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the des	ignation "LLC" or the a	abbreviation "L.IC."
Enter new principal offices address, if applicable:		·-	
(Principal office address MUST BE A STREET ADDR	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			-
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on e ress here:	our records, <u>enter</u>	the name of the
Name of New Registered Agent:			
New Registered Office Address:	Enter Floria	la street address	
		, Florida	
	City	_	Zıp 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>	Type of Action
MGR	ARTURO SISO	848 BRICKELL AVE	= Add
		SUITE 305	☐ Remove
		MIAMI, FL, 33131	☐ Change
			Add
			Remove ;
			Change Change
			OAdd
•			□ Reniove
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(If an effective d Note: If the o	ate, if other than the date of filing:	07 (3) as the
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier day after the record is filed.	of:
Dated	OCTOBER 20	
_	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee