# 117000050323

	(Requestor	s Name)	
	(Address)		
	(Address)		
	(City/State/	Zip/Phone #)	
PICK	UP	WAIT	MAIL
·.	(Business B	Entity Name)	<del> </del>
•	`	, ,	
	(Document	Number)	
Certified Copies _	c	ertificates of	Status
Special Instruction	ons to Filing O	fficer:	
2017 061 23 AM IN 80	Offic	e Use Only	
E			
2011 OCT 2			
201	<u> </u>		



300304778113

10/24/17--01018--005 \*+25.00

2011 OCT 23 AM 11: 33

K SALY OCT 2 b 2017

## **COVER LETTER**

	n n a a	INDUCCON ICACO LA CO			
SUBJECT:		INVESTMENT LLC			
	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.			
Please return all corresp	ondence concerning this matter t	o the following:			
	JORGE SALCEDO				
	·	Name of Person			
	SALCEDO ATTORNEYS	AT LAW PA			
		Firm/Company			
	200 S BISCAYNE BOULE	EVARD, SUITE 2700			
·		Address			
- -	MIAMI, FL, 33131				
	-	City/State and Zip Code			
	DCASTRO@LAWJSH.CO				
	E-mail address: (t	o he used for future annual report notific	cation)		
For further information	concerning this matter, please ca	ill:			
DANIEL CASTRO		305 3750640			
Name	of Person	at () Area Code Daytime	Telephone Number		
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:

TO:

Registration Section

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



### RE 7 INVESTMENT LLC

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

The Articles of Organization for this Limited Liability Company were filed on	(//	rionda Limited Clabinty Company)		
This amendment is submitted to amend the following:  A. If amending name. enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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 address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address			03/03/2017	and assigned
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 address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address				
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 address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	A. If amending name, enter the new name of th	e limited liability company her	<u>e</u> :	
(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 address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent; New Registered Office Address:  Enter Florida street address	The new name must be distinguishable and contain the word	s "Limited Liability Company," the des	signation "LLC" or the a	bbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	Enter new principal offices address, if applicabl	e:		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	(Principal office address MUST BE A STREET A	1DDRESS)		
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	•			
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address				
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	Enter new mailing address, if applicable:			
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	(Mailing address MAY BE A POST OFFICE BO	<u></u>		<del></del>
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address				
New Registered Office Address:  Enter Florida street address			our records, <u>enter</u>	the name of the
Enter Florida street address	Name of New Registered Agent:		·-	
Enter Florida street address	New Registered Office Address:			
City Florida Zip Code		Enter Florid	la street address	
City Zip Code	_		, Florida	
		City		Zip Code

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>	Name	Address	Type of Action
. MGR	ARTURO SISO	848 BRICKELL AVE	<b>≣</b> Adđ
		SUITE 305	□ Remove
		MIAMI, FL, 33131	☐ Change
			Add
			Add  Remove  Change
· ·			□ Remove?
			☐ Change
		<del></del>	Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
		<del></del>	Remove
			Change

•	•					
			<del></del> -			<del></del>
		<del>-</del>				
			<del> </del>			
						_
						9
	· <del></del>		<del>_</del>			
			<u> </u>			- <del> </del>
						**************************************
	<del></del>					
-						
						· · · · · · · · · · · · · · · · · · ·
•						
				•		
ective date	, if other than th	he date of filing: _			(optional	)
i effective dat te: If the da	e is listed, the date in ite inserted in this	oust be specific and canniblock does not meet	iot be prior to date o the applicable sta	it filing or more than ! tutory filing require	70 days after filing ements this date	g.) Pursuant to 605.0207 c will not be listed as
		Department of State				
•	.5:					
	ecifies a delay day after the re	ed effective date	, but not an e	rrective time, a	t 12:01 a.m.	on the earlier of
ine som c	lay after the re	zcoru is meu.				
	ACTON	GD 20	2017			
	ОСТОВ	3R 29 X. \	2017			
ted						
ted						
ted		1 1 1				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00