

L17000072498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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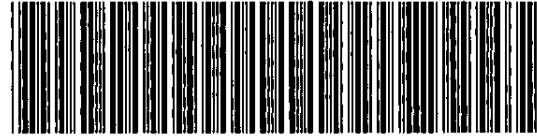
(Business Entity Name)

(Document Number)

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17 MAY -9 AM 7:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 11 2017

J SHIVERS



**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2500 NW 7th STREET 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 03/30/2017 and assigned Florida document number L17000072698.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

1801 SW 22nd STREET	SECRETARY OF STATE TALLAHASSEE, FLORIDA	17 MAY - 9 AM 7:47	FILED
SUITE # 400			
MIAMI FL 33145			
1801 SW 22nd STREET			
SUITE # 400			
MIAMI FL 33145			

**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 new registered agent and/or the new registered office address here:**

Name of New Registered Agent: N/A

New Registered Office Address: N/A

*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>
AMBR	PORTILLA, GUSTAVO	1801 SW 22nd STREET	<input type="checkbox"/> Add
		SUITE # 400	<input checked="" type="checkbox"/> Remove
		MIAMI FL 33165	<input type="checkbox"/> Change
AMBR	PORTILLA, GERARDO	1801 SW 22nd STREET	<input checked="" type="checkbox"/> Add
		SUITE # 400	<input type="checkbox"/> Remove
		MIAMI FL 33145	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

1) PLEASE ADD EIN : 82-1078829

2) ZIP CODE CORRECTION FOR AMBR: PORTILLA, GINA ADDRESS: 1801 SW 22nd STREET,  
SUITE # 400 MIAMI FL 33145

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**E. Effective date, if other than the date of filing: 05/03/2017 (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 May 03rd, 2017

G. Portilla  
Signature of a member or authorized representative of a member

Gina Portilla  
Typed or printed name of signee