

L17000072498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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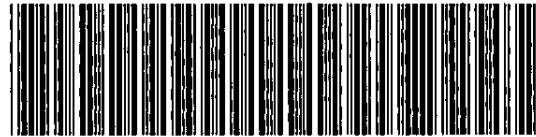
(Business Entity Name)

(Document Number)

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

MAY 11 2017

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2500 NW 7th STREET 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:

SURELY MOLINA

Name of Person

2500 NW 7th STREET LLC

Firm/Company

5862 WEST FLAGLER ST

Address

MIAMI, FLORIDA 33144

City/State and Zip Code

smolina@usa-contabilidad.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SURELY MOLINA 305 640.9591
_____ at (_____) _____
Name of Person 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:

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**

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

SUITE # 400

MIAMI FL 33145

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1801 SW 22nd STREET

SUITE # 400

MIAMI FL 33145

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
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			<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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TALLAHASSEE, FLORIDA

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