

L17000 205100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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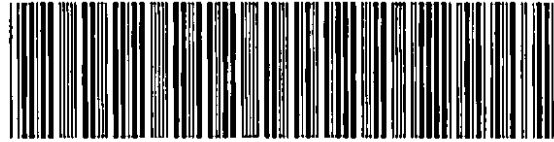
(Business Entity Name)

(Document Number)

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17 DEC 13 AM 11:14
STATE PARTY
FALLA...
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EDWARD S. ROBBINS, P.A.

ATTORNEY AT LAW
800 S.E. THIRD AVENUE
SUITE 300
FORT LAUDERDALE, FL 33316

ADMITTED
NEW YORK AND FLORIDA

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www.florida-estate-attorney.org

December 4, 2017

**Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

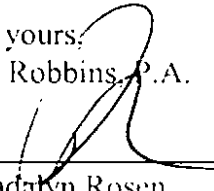
RE: 640 NE 7TH AVE LLC

Dear Sir/Madam:

Enclosed is an Articles of Amendment to Articles of Organization to be filed with the State for the referenced Florida limited liability company, together with our firm's check in the sum of \$25.00 representing the total filing fee.

Please return the original filed document in the stamped addressed envelope provided for your convenience and feel free to contact us with any questions you may have.

Very truly yours,
Edward S. Robbins, P.A.

By: 
Madalyn Rosen
Legal Assistant

Encl.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 640 NE 7TH AVE L.L.C, a Florida limited liability company
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:

Edward S. Robbins, Esq.

Name of Person

Edward S. Robbins, P.A.

Firm/Company

800 SE Third Avenue, Suite 300

Address

Fort Lauderdale, FL 33316

City/State and Zip Code

Ed@florida-estate-attorney.org

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

For further information concerning this matter, please call:

Edward S. Robbins

at (954) 728-3470

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

17 DEC 13 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

640 NE 7TH AVE, 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 October 4, 2017 and assigned
Florida document number L17000205100.

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

Name of New Registered Agent: _____

New Registered Office Address: _____

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>
MGR	Thomas H. Fred, Jr. Rev Living TR	16385 NW 12th Street	<input type="checkbox"/> Add
		Pembroke Pines, FL 33028	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	THOMAS H. FRED, JR.	16385 NW 12th Street	<input checked="" type="checkbox"/> Add
		Pembroke Pines, FL 33028	<input type="checkbox"/> Remove
			<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.)*

SECRETARY OF THE
TALLAHASSEE COUNTY BOARD OF
17 DEC 13 AM 11:14

F. Effective date, if other than the date of filing: _____ (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 11/30, 2017

Signature of a member or author

THOMAS H. FRED, JR.

Typed or printed name of signee