L17000252095

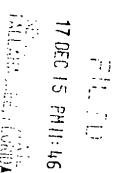
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O SIMMONS

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Name of Ling	ge 207 LLC	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing	
Please return all correspo	ondence concerning this matter	to the following	
	Rena	Namo of Person	
	RÉ.	Namo of Person C Page Investment of Firm/Jompany	eds LLC
	5045	5 SW 74h Terr	ace
		City/State and Zip Code Renae D Lawpa to be used for future annual report noti	3143
	E-mail address: (Kerae Dhawpa	Can fication)
For further information of	concerning this matter, please co	ป!:	
Name o	Person lage	at (<u>305</u>) <u>321 4</u> Area Code	969 e Telephone 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 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

(Name of the Limited Liability Company as it now appears on our records.)	
(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	
Porida document number <u>L17000252095</u> .	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	_
Inter new principal offices address, if applicable:	,
Principal office address MUST BE A STREET ADDRESS)	
	
	•
Inter new mailing address, if applicable:	_
Mailing address MAY BE A POST OFFICE BOX)	_
	_
3. If amending the registered agent and/or registered office address on our records, <u>enter the name of the egistered agent and/or the new registered office address here</u> :	nev
Name of New Registered Agent:	_
New Registered Office Address:	_
Enter Florida street address	
, Florida	
iew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 i	

If Changing Registered Agent, Signature of New Registered Agent

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 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 = Au	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Renae Page	5045 SW 74th TEr.	
		Micni, FL 33143	■ Kemove
			□ Change
MGR	Christopher R. Page	5045 SW 74th Terra	<u>ce</u> □ Add
		Mim: FL 33143	⊠ Remove
			□ Change
MGR	REC Page Investme	NS, LLC	D Add
		5045 SW 74th Terrace	Remove
		mimi, FL 33143	☐ Change
			Add Add
			Remove
			□ Change
			E Add
			Remove
			☐ Change
			Add
		**************************************	□ Remove
			Change

	P T T T T T T T T T T T T T T T T T T T
(If an of Note:	tive date, if other than the date of filing: 12- 8 17
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Typed or printed name of signife

Page 3 of 3

Filing Fee: \$25.00