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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

### **COVER LETTER**

Division of Co		.a.	<b>"</b>
SUBJECT:JJ7 F	REAL ESTATE LLC		
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANDREA FER		<u>.</u>
		Name of Person	
	Assured Accounting	and Tax Services	
		Firm/Company	
	3350 NW 22nd Ter	Ste 200-B	
		Address	
	Pompano Beach, FL	. 33069 City/State and Zip Code	
	JOAO_PASINI@HO	•	ication)
For further information c	concerning this matter, please co	nil:	
ANDREA FERRE	RA of Person	at ( <u>954</u> ) <u>793-035</u>	53 Telephone Number
Name	i Casti	Area Code Daytine	receptione reutifier
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

## JJ7 REAL ESTATE 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 01/12/2018 \_\_ and assigned Florida document number <u>L18000011453</u> 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. 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

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	Address	Type of Action
M <u>GRM</u>	JESSICA LIMA MACIEL	300 191ST TERRACE	<b>X</b> Add
		SUNNY ISLES BEACH, FL 33160	□ Remove
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Effectiv	e date, if other than the date of filing: 03/06/2018 tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 d	_ (optional)	ns nan
	the date inserted in this block does not meet the applicable statutory filing requirement		
documei	nt's effective date on the Department of State's records.		
he reco	rd specifies a delayed effective date, but not an effective time, at 1	2:01 a.m. on the earl	lier o
The 9	10th day after the record is filed.		
Dated _	MARCH 6TH , 2018 .		
	Signature of a member or authorized representative of a member		
	Signature of a member or authorized representative of a member	:	