<u>U180000 47656</u>

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(Requestor's Name)	,
(Address)	
(Address)	
,	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

TO:				
SHRII		7-E LLC		
Division of Corporations Madison 807-E LLC				
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Elizabeth Aleman		
			Name of Person	
		Madison 807-E LLC		
			Firm/Company	
		16425 Collins Avenue, Ap	t 2614	
			Address	
		Sunny Isles Beach, FL 33	160	
			City/State and Zip Code	·····
Madison 807-E LLC Firm/Company 16425 Collins Avenue, Apt 2614 Address Sunny Isles Beach, FL 33160 City/State and Zip Code raleman@rhccapital.com				
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
Ronald	d Aleman			
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	c following amount:		
□ \$ 2	5.00 Filing Fee		Certified Copy	Certificate of Status &

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

Madison 807-E LLC		
(Name of the <u>Limited Liability</u> (A Florida Li	Company as it now appears on our records. imited Liability Company)	
The Articles of Organization for this Limited Liability Conficida document number L18000047656	mpany were filed on $\frac{02/22/18}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u></u>	_ 5%
Enter new mailing address, if applicable:		E CORPO
(Mailing address MAY BE A POST OFFICE BOX)		# PORAL
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
	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>	Address	Type of Action
MGR	Elizabeth Aleman	16425 Collins Avenue #2614 Sunn	■ Add
			Remove
MGR	Antonio Nucete	16425 Collins Avenue #2614 Sunn	■ Add
			Remove
			Change
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ective date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing or te: If the date inserted in this block does not meet the applicable statutory fili	more than 90 days after filing.) Pursuant to	605. liste
nument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective he 90th day after the record is filed.	time, at 12:01 a.m. on the ea	rlie
ded May 18 2018-		
-110 V/		
Charles Man Number		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00