## 118000139524

	(Requestor's Name)	
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	(City/State/Zip/Phone #)	<del></del>
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	(Business Entity Name)	
	(Document Number)	
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SECRETARY OF STATE

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## **COVER LETTER**

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eun ie		W 2 Avenue, LLC		•
SUBJE	CT:	Name of Lim	ited Liability Company	
The enc	losed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all corres	pondence concerning this matter	to the following:	
		Michael J. Pardo, Esq.		
			Name of Person	
•		Pardo Jackson Gainsburg,	PL	
		-	Firm/Company	
,	-	200 SE 1st Street, Suite 70	0	
			Address	<del></del>
		Miami, Florida 33131		
			City/State and Zip Code	
		mpardo@pardojackson.com		
		E-mail address: (	to be used for future annual report noti	fication)
For furtl	ner information	concerning this matter, please ca	all:	
Michae	l J. Pardo, Esq.		305 358-1001 at ()	
	Name	of Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for	the following amount:		
<b>■</b> \$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

7320 NW 2 Avenue, 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 6/5/2018 Florida document number L18000139524 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 abbreviate 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.

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	Evans Family Software, LLC	7338 NW Miami Court	
		Miami, Florida 33150	Remove
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fective date, if other than th	7/30/2018	(optional)
n effective date is listed, the date m	ust be specific and cannot be prior to date of filin	ig or more than 90 days after filing.) Pursuant to 605.02
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cument seriective date on the	Department of State's records.	
record specifies a delaye The 90th day after the re		tive time, at 12:01 a.m. on the earlier
Jour day dicer and to		
July 30	2018	
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Typed or printed name of signee

Filing Fee: \$25.00