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## **COVER LETTER**

TO: Registration Division of C			
7320 NW	2 Avenue, LLC		
SUBJECT:		nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
	condence concerning this matter		
	Jeremy Ben-David		
	AXS Law Group, PLLC	Name of Person	
	2121 NW 2nd Ave #201	Firm/Company	
	Miami, FL 33127	Address	<del></del>
	jeremy@axslawgroup.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
Jeremy Ben-David		305 297-1878	
Name	of Person	at ()  Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
S25.00 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, F1, 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 06/05/2018 and assigned 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 abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Ma<u>iling</u> add<u>ress MAY BE A POST OFFICE BOX)</u> 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

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	LBRW, LLC	15000 NW 44TH AVE	
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		OPA LOCKA, FL 33054	
			■ Remove
			☐ Change
MGR	Evans Family Software LLC	7338 NW MIAMI CT	
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		MIAMI, FL 33150	
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the Date of the	st be specific and cannot be ock does not meet the ap	prior to date of filing or pplicable statutory fil	(optional more than 90 days after filing requirements, this date	P.) Pursuant to 605 0207 (
the record specifies a delayed The 90th day after the rec	l effective date, but ord is filed.	t not an effective	e time, at 12:01 a.m	. on the earlier of:
Dated	. 2019	·		
	Signature of a member or			

Page 3 of 3

Filing Fee: \$25.00