com, Inc. From: Sarah Acevedo Page 1 of 2

Division of Corporations Electronic Filing Cover Sheet

Iorida Department of State

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Division of Corporations

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From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120013000062

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN J7 REAL ESTATE LLC

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6/26/2018

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COVER LETTER

TO:	Rogistration Sec Division of Cory	ction porations					
SUBJEC		ESTATE LLC					
SUBJEC		Name of Limi	ted Liability Company				
		Amendment and fee(s) are subtendence concerning this matter t					
	•	Cheyenne Moscley					
			Name of Person		_		
		Legalzoom.com, Inc.			: , :	₽ā.	
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		Glendale, CA 91203				D.	اً أ سي
			City/State and Zip Code		-		٠
		jmathewsjoseph@yahoo.	COID to be used for future annual report notifi	ication)		ا - ئزا	
For first	her information c	oncerning this matter, please of			1.4		
	nne Moseley		800 773-0888 ea	kt, 9724 : Telephone Numbe			
-	Name o	[Person	Area Code Daytimo	: Telephone Numbo	er T		
Enclose	d is a check for th	he following amount:					
□ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Cortified Copy (additional copy is enclosed)	Certiñe	filing Fac, ate of Star d Copy at copy is on	tus &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassoc, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J7 REAL ESTATE LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Plorida document number <u>L18000139727</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	were filed on 06/05/2018 and assigned
The new name must be distinguishable and end with the words "Limited Liab	ility Company" the designation "LLC" or the abbreviation "LLC."
	10116 GULF BLVD. UNIT 404
Enter new principal offices address, if applicable:	TREASURE ISLAND, Florida 33706 53
(Principal office address MUST BE A STREET ADDRESS)	TREASURE INDIANAS, FISHING STOOL (1975)
	——————————————————————————————————————
Enter new mailing address, if applicable:	10116 GULF BLVD. UNIT 404
(Mailing address MAY BE A POST OFFICE BOX)	TREASURE ISLAND, Florida 33706
Intuing dayress mill bis na obt of a constant	<u> </u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enser Florida stroet address
	Florida
	3.iy
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability
If Cha	nging Registered Agent, Signature of New Registered Agent

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If amouding the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:</u>

<u>l'itle</u>	Name	Address	Type of Action
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If amending any other information,	enter change(s) here: (Attach a	dditional sheets, if necessary.)
Effective date, if other than the date (The effective date must be specific, cannot be the date this document is filed by the Florida I	of flling: rior to date of receipt or filed date and corporatment of State)	(optional) annot be more than 90 days after
Dated June 26th	2018	
Margall	Z	
Signa	ture of a member or authorized represe Asha Joseph Trus	
- //	Typed or printed name of sig	nce

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Filing Fee: \$25.00