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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

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

Email	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

HARRY 7, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

To:

(((H220001750833)))

ARTICLES OF AMENDMENT TO ** ARTICLES OF ORGANIZATION OF

	Y 7, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000003555</u>	were filed on January 6, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	555 Gulfstream Avenue, #701	022 .:.:
(Principal office address MUST BE A STREET ADDRESS)	Sarasota, FL 34236	- A
Enter new mailing address, if applicable:	212 S. 24th Street, Unit 2425	AH :::
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 212 S. 24th Street, Unit 2425 Philadelphia, PA 19103		<u> </u>
		6
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	Ziv Code
	City	лір Соағ

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

To:

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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>	Name	Address	Type of Action
AMBR	Mark Rosenfeld	212 S. 24th Street, Unit 2425	□ Add
		Philadelphia, PA 19103	□Remove
			□Add
			□ Remove
			☐ Change
			□Add
			[]Remove
			☐ Change
	·		□Add
			□Change
	·		□Kemove
			□Change
		<u> </u>	□Add
			Remove

Fax: 12159779386

To:

Page: 4 of 4

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ffecti	date, if other than the date of filing: (optional)	
an effe ote:	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be seffective date on the Department of State's records.	to 605.0207 be listed as
record is file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da	ly after the
ated _	y /2_ 2022	
- CL L - CL		

Typed or printed name of signee