

**LA0000157082**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H200002241613)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : TRIPP SCOTT, P.A.  
Account Number : 075350000065  
Phone : (954)525-7500  
Fax Number : (954)761-8475

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

Email Address: mmmm@trippscott.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
1600 STATE ROAD 7, LLC**

Certificate of Status	0
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Page Count	03
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2020 JUL 15 PM 1:05

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

H20000224161

2020 JUN 15 PM 1:06

1600 STATE ROAD 7, 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 JUNE 8, 2020 and assigned  
Florida document number 120000157082.

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 "L.L.C."

Enter new principal office 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*

Florida

*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

H20000224161

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>	<u>Address</u>	<u>Type of Action</u>
MGR	RYAN QUINN	6301 TAFT STREET	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL 33024	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KEVIN G. QUINN, JR.	6301 TAFT STREET	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL 33024	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KEVIN G. QUINN	6301 TAFT STREET	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOHN J. QUINN, III	6301 TAFT STREET	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

*[The page contains faint horizontal lines across its entire surface.]*

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated JULY 14 2020

Changfeng

Signature of a member or authorized representative of a member

TANYA L. BOWER, ESQ., AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

**Filing Fee: \$25.00**

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