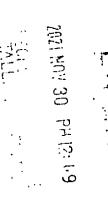
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

Division of Corpo		<i>a</i>	
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SUBJECT:	<u> </u>	1 1100	
	Name of Lim	at (305) 979 - (809) The Area Code Daytime Telephone Number To Daytime Telephone Numbe	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	, .	0 / 1 / 1	
	LIC	sa Kabathah	(
		Name of Person	
		JL7 LLC	
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		Address	
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		City/State and Zip Code	1/ (9700 10 ~
		rabathaly (a) Gyr	MILLING B
	E-mail address: (	to be used for future annual report notific	cation) EA 3
For further information con	cerning this matter, please c	all:	Δ:: ω ω
Lisa	Rabothaly	at 305, 979	(7/4/4)
Name of F	Person	Area Code Daytime	Telephone Number
			- 5
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	<b>■</b> \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status		
		(additional copy is enclosed)	
Mailing Address:		Cannot 4 44	
Registration Se	ction	Registration Sect	ion
Division of Cor		Division of Corp	
P.O. Box 6327	•	The Centre of Ta	
Tallahassee, FL	. 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our recor	<u>'ds.</u> )	
(A Florida Limited L	Jability Company)	10001	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $9/22$	12021 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new paine of the limited liabit $(\gamma/\beta)$	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	$-\sqrt{n(a)}$	S 28 - 1	
(Principal office address MUST BE A STREET ADDRESS)	(1)(1)	79 71	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	$ \widehat{n}\widehat{a}$	0 PH 72 19	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, ente	r the name of the new registered	
Name of New Registered Agent:	(n/a)		
New Registered Office Address:			
	Enter Florida street address		
		lorida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, a	and I am familiar with and	

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>	<u>Address</u>	Type of Action
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		Homestead, FL 33030	□Remove
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	her than the date of filed, the date must be specificated in this block does not date on the Department of	and cannot be prior of meet the applic	cable statutory filin		er filing.) Pursuant to 6	
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lote: If the date inser						
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Note: If the date inser- ocument's effective of record specifies a del I is filed.	layed effective date, but r		ime, at 12:01 a.m.	on the earlier of: (	(b) The 90th day at	fter the
Note: If the date inser document's effective of record specifies a del d is filed.	st 38th	<u>202 i</u>	ime, at 12:01 a.m.	-	(b) The 90th day a	fter the

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