## L21000150867

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## **COVER LETTER**

TO: Registration Se Division of Cor			
3225 NE 7	ST LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Justin Zeig		
		Name of Person	
	Zeig Law Firm, PLLC		
		Firm/Company	
	3475 Sheridan Street, #310	1	0
	<del></del>	Address	
	Hollywood, FL 33021		2021 227 1.7
		City/State and Zip Code	<del></del> == :
	dhernandez@zeiglawfirm.c		~ <del>~</del>
For further information c	h-mail address, ( concerning this matter, please c	to be used for future annual report notifi all:	eation) $\geq$ $\stackrel{\cdot}{\exists}$
		754 217-3084	: 2น
Justin Zeig		at ()	
Name e	if Person	Area Code Daytime	Telephone Number
Enclosed is a check for (	he following amount:		
■ \$25,00 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 Addre		Street Address:	tion
Registration Division of C		Registration Sec Division of Corp	
P.O. Box 631	27	The Centre of Ta	ıllahassee
Tallahassee.	F1, 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3225 NE 7 ST LLC		
Name of the Limited Liability (A Florida l	Company as it now appears on our reco amited Liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability Co	mpany were filed on 3/31/2021	and assigned
Florida document number 1.21000150867	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "Li	LC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	<u> </u>
Enter new mailing address, if applicable:		27
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, ent	er the name of the new regist
		24
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
	· <del></del>	FloridaZp Code
	$C\eta\gamma$	Zip Cikle

## 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 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
AMBR	ARIK AZULAY	19501 NE 22 AVE	□Add
		MIAMI, FL 33180	■Remove
			□ Change
			□Add
			□Remove
			☐ Change
			Change
			Vdd
			Remove
			☐ Change
			□Add
			Remove
			□ Change
			□Add
			□Remove
			Change

	<del></del>
	202
	7
	<u>``</u>
	<u>2</u> -
	-
ective date, if other than the date of filing:  effective date is listed, the date most be specific and cannot be prior to:  If the date inserted in this block does not meet the application uncont's effective date on the Department of State's records.	able statutory filing requirements, this date will not be list
record specifies a delayed effective date, but not an effective tire is filed.	me, at 12:01 a.m. on the earlier of: (b) The 90th day afte
nted May 14 2021	
// hy/	All