## 421000177377

(Requestor's Name)	
(Address)	000394559360
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	80 /00 /00 01000 B00 440E 80
(Document Number)	09/26/2201022020 **25.00
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations			
elin te <i>c</i> it.	430 NE 7T	H AVENUE LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Stanley Gale			
			Name of Person		·
		Gale Development Service	es.		
			Firm/Company		
		3737 N. Federal Highway			
			Address	<del> </del>	22
		Delray Beach, FL 33483			SEP
			City/State and Zip Code		
		cheil@galeintl.com			<u> </u>
		E-mail address: (	to be used for future annual r	eport notification)	<u></u>
For further in	nformation c	oncerning this matter, please ca	all:		40
Christine He	ei1		973 229	-4748	
	Name o	f Person	at () Area Code	Daytime Telepho	one Number
Enclosed is a	e check for th	ne following amount:			
□ \$25.00 F	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)
	iling Addres		Street Ad	dress: tion Section	
Registration Section Division of Corporations		<del>-</del>	of Corporation	ons	
P.C	). Box 632	.7		tre of Tallahas	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

430 NE 7TH AVENUE LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability C		and assigned
Florida document number L21000177377	<del>_</del> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDI	RESS)	<u> </u>
The part office address from DE 110111221 11001	The state of the s	<del></del>
		<u> </u>
nter new mailing address, if applicable:		
		9 33
Mailing address MAY BE A POST OFFICE BOX)		<del></del>
. If amending the registered agent and/or registeregent and/or the new registered office address here:	d office address on our records, enter the	name of the new register
gent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Florid	aZip Code
	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 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>	Address	Type of Action
AMBR	Stanley C Gale	968 Hyacinth Drive	\ \_Add
		Delray Beach, FL 33483	□Remove
			€Change
			□ Add
			Remove
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<u>te:</u> If the date i	nserted in this block doe	s not meet the a	pplicable statut	ory filing requir	ements, this dat	e will not be lis	ted a
ument's effecti	ve date on the Departme	int of State's rec	ords.				
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Filing Fee: \$25.00