## 121000301843

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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SECRETARY OF STALLAHASSEF F. STA



August 12, 2021

CAPITAL CONNECTION INC,

SUBJECT: 7529 NE, LLC Ref. Number: L21000301843

We have received your document for 7529 NE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number on the form is incorrect number

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 321A00019294

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

Division CO. The DO DOV 2007 William Florida 2004

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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7429 NE, LLC		
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***************************************		Art of Inc. File
	•	LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Ait, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitions Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
Name	Data Time	UCC 11 Search
Haine	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

## **COVER LETTER**

TO: Registration Sc Division of Cor			
7529 NE,			
SUBJECT:	Name of Lim	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ndence concerning this matter	•	
	LORENE SEELER YOUN	JG	
		Name of Person	
	LORENE SEELER YOUN	IG, P.A.	
		Firm/Company	· · · · · ·
	9124 GRIFFIN ROAD		
		Address	<del> </del>
	COOPER CITY FL 33328		
		City/State and Zip Code	<del></del>
	LORENE@LSY-LAW.CO		
For further information c	e-mail address: ( oncerning this matter, please c	to be used for future annual report no all:	uncanon
LORENE SEELER YOU	DNL	954 585-3967	
Name o	f Person	at () Area Code Daylii	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C P.O. Box 632	Section Corporations 27	Street Address: Registration S Division of Co The Centre of	orporations Tallahassee
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7529 NE, LLC (Name of the Limited Linbility 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 30, 2021 and assigned Florida document number L21000301843 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 offices 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 Zio Code City 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

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

Title	Name	Address	Type of Action
MGR	ALEJANDRO ARTIGA	770 Harbor Drive	
		Key Biscayne, FL 33149	Remove
			□Change
<del></del>	***************************************		
			Петноvе
			□Change
			□Add
			DRemove
			Change
			□Add
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			□Add
		<del></del>	Remove
			Change

The company shall be Mana	nger-Managed and the Manage	ers are Marco		
Javier Lopez de Carrizosa F	inat and Alejandro Artiga			
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<del></del>			_	<del></del>
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ctive date, if other than the	re date of filing:	to date of filing or more th	(optional) ian 90 days after filing.) Pu	nsuant to 605.
e: If the date inserted in this	block does not meet the applic Department of State's records	rable statutory filing rec	uirements, this date wil	I not be liste
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•	tive date, but not an effective t	ime, at 12:01 a.m. on th	e earlier of: (b) The 9	0th day after
filed.		· r;		
August 10	2021			
		A)		
***************************************	Signature of a member or puth	racian Lemma antitiva at a	manshar	- <del></del>

Filing Fee: \$25.00