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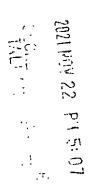
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Registration Section

| Div | ision of Corp | porations | | | | | |
|--|-----------------|--|---|---|--|--|--|
| | 7788 SW E3 | 03, LLC | | | | | |
| SUBJECT: | | Name of Lim | ited Liability Company | | | | |
| The enclosed | 1 Articles of A | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please return | all correspon | ndence concerning this matter | to the following: | | | | |
| | | Ruben Martinez | | | | | |
| | | | Name of Person | | | | |
| | | | Firm/Company | | | | |
| | | 11400 SW 92 CT | | | | | |
| | | | Address | | | | |
| | | Miami, FL 33176 | | | | | |
| | | | City/State and Zip Code | | | | |
| | | prossimoruben@gmail.com E-mail address: (| to be used for future annual report notification) | 2115 | | | |
| For further i | nformation co | oncerning this matter, please c | ail: | 2021 F.OV 22 | | | |
| Ruben Mart | inez | | 305 305-972-3364 at () | · . PH | | | |
| | Name of | Person | Area Code Daytime Telephone | Number 21 | | | |
| Enclosed is | a check for th | e following amount: | | | | | |
| ₩ \$25.00 | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) | 60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed) | | | |
| Mailing Address: Registration Section | | Section | Street Address: Registration Section Division of Corporations | 3 | | | |
| Division of Corporations P.O. Box 6327 | | | The Centre of Tallahassee | | | | |
| Та | Ilahassee, I | L 32314 | 2415 N. Monroe Street, | Suite 910 | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (A Florid | ity Company as it now appears on our record a Limited Liability Company) | <u>s.</u>) | | |
|---|---|---------------------------------------|-------------------|----------|
| The Articles of Organization for this Limited Liability C | Company were filed on 09/01/2021 | · · · · · · · · · · · · · · · · · · · | _ and assig | med |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the lim | nited liability company here: | | | |
| 7787 SW E303, LLC | | | | |
| The new name must be distinguishable and contain the words "Lin | nited Liability Company," the designation "LLC | " or the abbre | viation "L.L. | .C." |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADD | RESS) | 199 17 20 20 20 18 | 2021 | |
| Transpar office and the first barrier | | | | 1 |
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| | | | ?) '' | -uş |
| Enter new mailing address, if applicable: | | | , i- | 7 |
| Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> | <u>-4</u> | |
| | | 1 | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | | the name o | of the new | regi |
| Name of New Registered Agent: | | | | |
| Name of New Registered Agent: New Registered Office Address: | | | | |
| | Enter Florida street addres | y | · · · | <u> </u> |
| <u></u> | | orida | Zip Code | |

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 |

| <u>Title</u> | Name | Address | Type of Action |
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| fan effective d Note: If the o | te, if other that ate is listed, the da date inserted in t ffective date on | ite must be specifi this block does i | ic and cannot not meet the | be prior to dat e applicable : | e of filing or m statutory filin | ore than 90 da g requireme | nys after fil | ing.) Pur | suant to 6 not be li | 05.020 sted a |
| d is filed. | ifies a delayed ef | | | , | | on the earlie | т of: (b) | The 90 | th day af | ter the |
| Nated | Nov | 16 | _; | <u>2/</u> | | | | | | |
| Juiod | | | _ | - 1 | | | | | | |
| | | | \ | | representative | of a member | | | | |

Filing Fee: \$25.00