Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000460242 3)))



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Doing so will generate another cover sheet.

Division of Corporations Fax Number : (850)617-6383					
Account Number: I20160000017 Phone: (855)498-5500 Fax Number: (800)432-3622 The email address for this business ual report mailings. Enter only on	s entity to be used	for future ease.**			
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BREF 7 AVE LLC Certificate of Status Certified Copy 1					
Certificate of Status Certified Copy Page Count Estimated Charge	0 1 04 \$55.00	2021 DEC 17 PH 2: 06 2021 DEC 17 PH 2: 06 SEUL ANXISTE, FLORMOA PALLANASSEE, FLORMOA			
	Account Name : CAPITOL SERVICE Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622 The email address for this businessual report mailings. Enter only or i1 Address: CAMND/RESTATE/CORRECT BREF 7 AVE I Certificate of Status Certified Copy Page Count	Account Name : CAPITOL SERVICES, INC. Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622 The email address for this business entity to be used ual report mailings. Enter only one email address please in Address: CAMND/RESTATE/CORRECT OR M/MG REBREF 7 AVE LLC Certificate of Status Certified Copy Page Count 04			

Electronic Filing Menu

Corporate Filing Menu

Help

UH

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1121000460242

(Name of the Limited Liability Company (A Florida Limited Lia	as it now annears on our records.) bility Company)		
The Articles of Organization for this Limited Liability Company was lorida document number <u>L21000491817</u> .		021_ and assi	gned
his amendment is submitted to amend the following:			
L If amending name, enter the new name of the limited liabili	ty company here:		
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the s	bbreviation "L.I	¬С."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS			
Enter new mailing address, if applicable:		<u>, </u>	
Maijing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or registered office acapent and/or the new registered office address here: Name of New Registered Agent:	idress on our records, <u>enter the na</u>	me of the per	
	-	N S	2021
New Registered Office Address:	Enter Florida street address		DEC.
	, Florida _	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 p accept the obligations of my position as registered agent as p	performance of my duties, and I an	ı familiae <u>१</u> ९॥	n and

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

H21000460242

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
MGR	MALCOLM S BUTTERS	6820 LYONS TECHNOLOGY CIRCLE	
		SUITE 100	⊠ Remove
		COCONUT CREEK FL 33073 US	Change
MGR	BUTTERS MANAGER LLC	6820 LYONS TECHNOLOGY CIRCLE	50 Add
		SUITE 100	□Remove
		COCONUT CREEK FL 33073 US	□ Change
			□Remove
			Change
			□ Add
			□Remove
			Change
			□ Add
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			Change
			🗆 Add
			□Remove
			Change

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ite: [[the	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after for date inserted in this block does not meet the applicable statutory filing requirements, this	nal) iling.) Pursuant to 605.02 date will not be listed :
cument's	effective date on the Department of State's records.	
econd snee	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after th
is filed.	- \	
	DECEMBER 17 2021	
ated	DECEMBER 17 . 2021 .	2021 DEC 17 SECHLARASSI TALLARASSI
		SS - 7
_	Signature of a member or authorized representative of a freeze	PM 2: 0

Filing Fee: \$25.00