K22000017614

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SECRETARY OF STATI

A. BUTLER FEB 2 5 2022

COVER LETTER

	egistration Se ivision of Cor			
SUBJECT		VESTMENT LLC		•
SUBJECT	·	Name of Lim	ited Liability Company	·····
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Nelson Caballero		
			Name of Person	
		Caballero Family Holdings	s LLC (Registered Agent)	
			Firm/Company	
		12861 SW 63rd Ct		
			Address	
		Pinecrest, FL 33156		
			City/State and Zip Code	·
		nelson@iinproducts.com		
		E-mail address: (to be used for future annual report n	otification)
For further	information c	oncerning this matter, please c	all:	
Nelson Cat	pallero		786 208-6077	
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed is	a check for th	he following amount:		
■ \$25.00	Filing Fee	S30.00 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 Address: Registration Section		Street Address: Registration S		
Division of Corporations		Division of C	Division of Corporations	
	O. Box 632		The Centre o	
1:	allahassee, l	rll 34314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

7920 RE INVESTMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited I	iability Comp	any were filled on 01/10/20	SECRETARY OF STATE 12 JALLAHASSEE, FL
Florida document number L22000017614		any were med on	and assigned
riorida document number	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited l	liability company here:	
7290 RE INVESTMENT LLC			
The new name must be distinguishable and contain the	words "Limited L	iability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE		2	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or	registered offi		ls, enter the name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida str	vet address
	N/A		, Florida
		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
		N/A	🗆 Add
			□Remove
			□ C'hange
			□Add
			□Remove
			□ Change
			🗀 Add
		<u>. </u>	□ Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change

_	V/A- made an error in intial filing on the name.
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	02/03/2022
Effect	ve date, if other than the date of filing: (optional) (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)
Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	ent's effective date on the Department of State's records.
e recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is fi	ed.
	, /
Dated	02/03 \ \ \ 2022
Dated	

Typed or printed name of signee