L22000117099

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SECRETARY OF STATE

J DENNIS

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• COVER LETTER

TO:	Registration Se Division of Cor			J.			
	311 LIBER	TY 7 LLC		مۇر	a		
SUBJE	CT:	Name of Lim	ited Liability Company	·			
The end	closed Articles of .	Amendment and fee(s) are sub-	mitted for filing.				
Please	eturn all correspo	ndence concerning this matter	to the following:				
		DORYS RUBIO					
			Name of Person				
		311 LIBERTY 7 LLC					
			Firm/Company				
		16894 CRESTVIEW LAN	Œ				
			Address				
		WESTON, FL 33326					
		City/State and Zip Code 311LIBERTY7@GMAIL.COM					
	E-mail address: (to be used for future annual report notification)						
For furt	ther information co	oncerning this matter, please ca	all:				
DORY	S RUBIO		954 793-8 at ()	472			
	Name o	f Person		Daytime Telepho	one Number		
Enclose	ed is a check for th	ne following amount:					
□ \$2:	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ad Liability Company)
The Articles of Organization for this Limited Liability Compared Florida document number <u>L22000117099</u>	ny were filed on MARCH 8, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lie	ability 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 officagent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

New Registered Agent's Signature, if changing Registered Agent:

311 LIBERTY 7 LLC

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

<u>Title</u>	Name	Address	Type of Action
Manager	Dorys Rubio	16894 Crestview Lane	□Add
		Weston, FL 33326	□Remove
			■Change
			□Add
			Remove
			☐Change
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
.			🗆 Add
			□Remove
			□Change
			🗀 Add
			□Remove
			☐ Change

	Please change first name to correct spelling
:ť	ive date, if other than the date of filing: 08/15/2022 (optional)
in	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as aent's effective date on the Department of State's records.
oi fi	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 led.
d	August 8 . 2022
	(Sells Rester)

Filing Fee: \$25.00