

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L22000123437

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : RABIDEAU KLEIN
Account Number : I20200000035
Phone : (561)655-6221
Fax Number : (561)655-3221

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: DKLEINC RABIDEAU KLEIN com

2022 APR 28 PM 12:34

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
901 NE 7TH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2022 APR 28 AM 8:13
 APPROVED AND FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 901 NE 7TH, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID E. KLEIN

Name of Person

RABIDEAU KLEIN

Firm/Company

440 ROYAL PALM WAY, SUITE 101

Address

PALM BEACH, FL 33480

City/State and Zip Code

DKLEIN@RABIDEAUKLEIN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARRETT ELLIS

561 655-621

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 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
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

901 NE 7TH, 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 Liability Company were filed on 03/25/2022 and assigned
Florida document number L22000123437

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:

901 NE 7TH AVENUE

(Principal office address MUST BE A STREET ADDRESS)

DELRAY BEACH, FL 33480

Enter new mailing address, if applicable:

455 NE 5TH AVENUE, SUITE D-390

(Mailing address MAY BE A POST OFFICE BOX)

DELRAY BEACH, FL 33483

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's street address

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 Changing Registered Agent, Signature of New Registered Agent

2022 APR 28 AM 8:13
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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>	<u>Address</u>	<u>Type of Action</u>
MGR	SHARON PAUL	455 NE 5TH AVENUE, SUITE D-390	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33483	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	TABER SZULUK	455 NE 5TH AVENUE, SUITE D-390	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33483	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

