## La2000251008

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Dualitess Entity Plante)
(Decument Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



800431051158

LLC NIC Amend



ECHETARY OF ST

RECEIVED

A. RAMSEY



To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 06/27/24 Order #: 1544737-1 Re: 7055 FI LLC

Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

1200000001957 Forett de man

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

7055 FI 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 \_\_\_\_\_\_06/01/2022 \_\_\_\_\_ and assigned Florida document number \_\_\_\_\_L22000251008 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 7055 FI Number 2 LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 7154 Fisher Island Dr. Enter new principal offices address, if applicable: Miami Beach, FL 33109 (Principal office address MUST BE A STREET ADDRESS) 7154 Fisher Island Dr. Enter new mailing address, if applicable: Miami Beach, FL 33109 (Mailing address MAY BE A POST OFFICE BOX) 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 street address \_, Florida \_ City 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

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
	<del></del>		□Add
			□Remove
			□Change
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			□Change

3	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If the	te, 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 filing.) Pursuant to 605.020 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as affective date on the Department of State's records.
record spec d is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	June 25 2024
_	Signature of a member of authorized representative of a member

CSC AMEND-14360