# L22000525042

(Reques	stor's Name)
(Addres	s)
(Address	s)
(City/Sta	ate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busines	ss Entity Name)
(Docum	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	g Officer:
	J. HORNE MAR - 6 2023
	MAK 5 23-

Office Use Only



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9 MAR -3 AM 9: 15

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 3230! (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MHQUIRE INVESTMENT PROPERTIES SE	VEN, LLC
Please Debit I20000000257 For: 25	
Thank you Seth Neeley	
14/	<b>–</b>
- All	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
,	Officer Search
	Fictitious Search
Simon Simon	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

### **COVER LETTER**

TO: Registration Section

Division of Cor	porations		
	nvestment Properties Seven, L	LC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brent A. Friedman		
		Name of Person	,
	Brent A. Friedman, PA		
	<del></del>	Firm/Company	<del></del>
	78 SW 7th Street, 5th Floo	or	
	-	Address	
	Miami, Florida 33130		
		City/State and Zip Code	
	brent@brentafriedman.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	oncerning this matter, please c	all:	
Brent A. Friedman		305 562-6800 at ( )	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810

#### 8

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MHQuire Investment Properties Seven, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our red lited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comp	pany were filed on December 15	, 2022 and assigned
Florida document number L22000525042		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
MHQuire Investments Properties Seven, LLC		
The new name must be distinguishable and contain the words "Limited l	Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
· · · · · · · · · · · · · · · · · · ·		
		,—II.——————————————————————————————————
B. If amending the registered agent and/or registered off	ice address on our records, <u>en</u>	ter the name of the new registe
agent and/or the new registered office address here:		
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street add	dress
		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
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			□ Remove
			☐ Change
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ore: If the date ins	her than the date ed, the date must be sp erted in this block do date on the Departn	oes not meet the ap	plicable statutory fil	(option more than 90 days after fi ing requirements, this	nal) iling.) Pursuant to 605.020 date will not be listed a
	layed effective date	, but not an effective	ve time, at 12:01 a.m	i. on the earlier of: (b)	The 90th day after the
ecord specifies a de is filed.					
is filed.		2023	·		
is filed.	Thiba	+ Over	at uthorized representati		

Filing Fee: \$25.00