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COVER LETTER

TO: Registration So Division of Cor		•	
	ST 7800 LLC		
SUBJECT:	Name of Lin	nited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ERIC A LEZA		
		Name of Person	_
		Firm/Company	_
	558 W 18 ST		_
		Address	
	HIALEAH, FL 33010		
		City/State and Zip Code	
	LEZAERIC@YAHOO.CO)M	
	E-mail address: ((to be used for future annual report notification)	
For further information of	oncerning this matter, please c	eall:	1031127 15
ERIC A LEZA		786 251-6005	
Name o	f Person	Area Code Daytime Telephone Numb	 (7) ران
Enclosed is a check for the	he following amount:		; ··
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nat copy is enclosed)
Mailing Addres Registration		Street Address: Registration Section	
Division of C		Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PINECREST 7800 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 MAY 04,2023 _ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 7900 PINECREST LLC 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: (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 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

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>	<u>Name</u>	Address	Type of Action
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			□Remove
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cate: If the date inserted in this block does not mee	the applicable statutory	(option or more than 90 days after filing requirements, this	filing.) Pursuant to 60	 05.02/ sted :
nument's effective date on the Department of State	's records.			
record specifies a delayed effective date, but not an is filed.	ffective time, at 12:01 a	i.m. on the earlier of: (b)	The 90th day aff	ter the
	/			
ated MAY 10)23			
Pated	Def or authorized represent			

Filing Fee: \$25.00