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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PROFESSIONAL SERVICES

Account Number : I20040000024 Phone : (786)303-5010

Tay Number 1 (705)402 1061

Fax Number : (305)403-1061

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

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 9920 NW7 LLC

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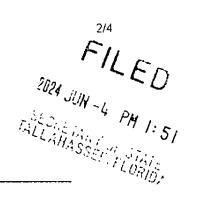
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K. SALY JUN - 5 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



9920 NW7 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L24000228925	were filed on 05/16/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility 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, e	nter the name of the new register
agent and/or the new registered office address here:	, -	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida straet address, Florida	
	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	performance of my dutie	s, and I am familiar with and

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
MGR	ISHMAEL, ZACHARIAH A	3006 AVIATION AVENUE STE 3A COCC	NUT GR€
			Remove
			☐ Change
MGR	Bibi Z. Ishmael	3006 AVIATION AVENUE STE 3A	
		COCONUT GROVE, FL 33133	Remove
			□Change
			Add T
			GRemovi P
			□Remove
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			DAdd
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			Remove
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effecti	date, if other than the date of filing: O5/16/2024 (optional)
ord s filed.	pecifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
05	/20/2024
ed	
ed	Signature of a member or authorized representative of a member