L25000 303155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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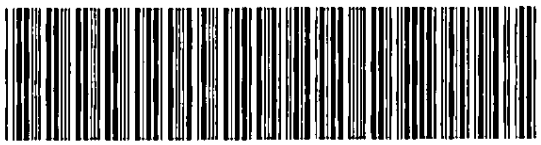

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FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: $25.00
Authorization Signature
39 W 7th St. LLC L25000303755
Business Name #Document

Walk in ___ Will wait

___ **Certified Copy of Articles of Organization**
___ **Certificate of Status**

NEW FILINGS

___ Profit
___ Not for Profit
___ LLC
___ Domestication
___ INC
___ CORP
___ LP

AMENDMENTS

__X__Amendment
___Resignation of MGR.
___ Change of Registered Agent
___ Revocation of Dissolution
___ Conversion
___ Statement of Authority
___ Merger
___ REVOCATION OF DISSOLUTION

OTHER FILINGS

___TRANSMITTAL LETTER

___Fictitious Name

___ Statement of Authority

___ APOSTIL _____
COUNTRY

REGISTRATION/QUALIFICATIONS

___ Foreign Filing
___ Partnership
___Reinstatement
___ Statement of CORRECTION

___Domestication of a Foreign Corp.

_____ ___Other

EXAMINER'S INITIALS:_____

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____Domestication of a Foreign Corp.

_____ ____Other

EXAMINER'S INITIALS:_____

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 39 W 7TH ST 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:

NATALIE ZAGURY
Name of Person

ZAGURY SCOTT, P.A.
Firm/Company

11601 BISCAYNE BLVD., STE 310
Address

MIAMI, FL 33181
City/State and Zip Code

NATALIE@ZAGURYSCOTTPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daisy Castellanos
Name of Person

at (305) 7760186
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

39 W 7TH ST 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 07/09/2025 and assigned Florida document number L25000303755.

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:
(Principal office address MUST BE A STREET ADDRESS)

15001 Falkirk Place
Miami Lakes, FL 33016

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

15001 Falkirk Place
Miami Lakes, FL 33016

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 *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

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

Title	Name	Address	Type of Action
MGR	Valentin E. Castellanos	15001 Falkirk Place Miami Lakes, FL 33016	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 3, 2025.

DocuSigned by:
Daisy Castellanos
DOC ID: [illegible]

Signature of a member or authorized representative of a member

Daisy Castellanos

Typed or printed name of signee