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K. SALY EXAMINER NOV 3 0 2010

COVER LETTER

TO:	Registration : Division of C					
SUBJI	ECT:	Sumne	er Seven, LLC			
	-	Name of Lim	ited Liability Company			
The en	closed Articles o	of Amendment and fee(s) are su	bmitted for filing.			
Please	return all corres	pondence concerning this matte	r to the following:			
			Lance C. La Prest			
Name of Person						
	2821 Bogota Avenue					
Firm/Company						
			•_			
		Address				
			Cooper City, FL 33026			
		City/State and Zip Code				
		land E-mail address: (celaprest@belisouth.net to be used for future annual report notific	ation)		
For fur	ther information	concerning this matter, please	call:			
	نا	ance La Prest	at (954)	709-9066		
	Name of Person		Area Code & Daytime Telephone Number			
Enclose	ed 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)	S60.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

16 NOV 29 PM 1:55

	Compar Cover 11 C	**************************************	A. 4. 2. T. 1840
(Name of the Limite	Sumner Seven, LLC	rs on our records.)	1 sign
	d Liability Company as it now appear A Florida Limited Liability Company)	<u> </u>	1
The Articles of Organization for this Limited Florida document numberL1000011		lovember 15, 2010	_ and assigned
This amendment is submitted to amend the for	llowing:		
A. If amending name, enter the new name	of the limited liability company her	z:	
The new name must be distinguishable and end w	ith the words "Limited Liability Compa	iny," the designation "LL	C" or the abbreviation
Enter new principal offices address, if appli	lenble:		
(Principal office address MUST BE A STRE			
	,	<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E ROX)		
		<u></u>	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		our records, <u>enter the</u>	name of the new
	2821 Bogota Avenue		
New Registered Office Address:	بناكس غينا التناج المسابات التناسي المساب	ter Florida street addres	5.5
	Cooper City	ittett	33026
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	1	
		// /	ļ
I hereby accept the appointment as register the provisions of all statutes relative to the accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	proper and complete performance eistered agent as provided for in Ch eregistered office address, I hereby s change. If Changing Pressure Age	of myduties, and I am happer 608, F.S. Or, if i confirm that the limit	familiar with and this document is ed liability
	Page 1 of 7		Ì

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title Name Address Type of Action DbA 🔲 Remove ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ Signature of a profittee of sutherized representative of a member

Page 2 of 2

Unince C. La Prest
Typed or printed name of signee

Filing Fee: \$25.00