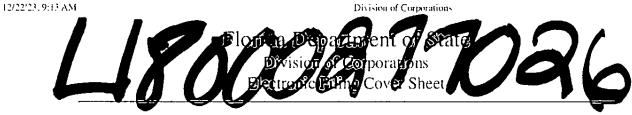
Division of Corporations



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(((H230004356503)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

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

Email Address:___

EFILE1234@INCFILE.COM



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REKLAW ENTERPRISE HOLDINGS LLC

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T. LEMIEUX

COVER LETTER

(((H23000435650 3)))

TO: Registration Section Division of Corporations

SUBJECT: REKEAW ENTERPRISE HOLDINGS 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:

LOVETTE DOBSON

		Name of Person	
		Firm/Company	
	17350 STATE HWY 249	#220	
		Address	
	HOUSTON TX 77064		
		City/State and Zip Code	
	EFILE1234@INCFILE.CC		
	F-mail address; (to be used for future annual repo	nt notification)
For further information c	oncerning this matter, please c	att:	
LOVETTE DOBSON		88846	23453
Name o	f Person		Daytime Telephone Number
Enclosed is a check for ti	ha fallowing propert		
	•	_	
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclose

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

(((H23000435650 3)))

REKLAW ENTERPRISE HOLDINGS 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	wara filad an	11/30/2018	and assigned
Florida document number L18000277026	were fried on		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility compan <u>y he</u>	<u>re</u> :	
SE7EN VENTURES LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	esignation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:	1150 Nw 72	2nd Ave Tower 1	
(Principal office address MUST BE A STREET ADDRESS)	Ste 455 #14	4295	
	Miami, FL	33126	
Enter new mailing address, if applicable:	1150 Nw 72	2nd Ave Tower 1	
(Mailing address MAY BE A POST OFFICE BOX)	Ste 455 #14295		
	Miami, FL 33126		
B. If amending the registered agent and/or registered office a			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:			
<u>Name of New Registered Agent:</u>			
agent and/or the new registered office address here:	address on our re		
<u>Name of New Registered Agent:</u>	Enter Flor	ecords, enter the name	e of the new registere
Name of New Registered Agent: New Registered Office Address:	address on our re	ecords, enter the name	
<u>Name of New Registered Agent:</u>	Enter Flor	ecords, enter the name	e of the new registere
Name of New Registered Agent: New Registered Office Address:	Enter Flor Cuy ee to act in this a performance of provided for in C	ida street address Florida capacity. I further agr my duties, and I am for	Zip Code Zip Code wee to comply with the amiliar with and if this document is nited liability The Code
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office	Enter Flor Cuy ee to act in this a performance of provided for in C	ida street address Florida capacity. I further agr my duties, and I am for	Zip Code Zip Code ee to comply with the amiliar with and if this document is

12/26/2023 07.46:20 CST Page: 4/5

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H23000435650 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Javian Walker	1150 Nw 72nd Ave Tower 1	□ Add
		Ste 455 #14295	□Remove
		Miami, FL 33126	
AMBR	George Morales	1150 Nw 72nd Ave Tower 1	Z Add
	Ste 455 #14295	□Remove	
		Miami, FL 33126	Change
			□Add
			□Remove
			□Change
		□Remove	
		□Change	
		□Add	
			∐Remove
			□Change
		🗀 Add	
			□Remove
			□ Change

паш	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef Note:	ive date, if other than the date of filing:
ie recoi ord is fi	ed 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 led.
Dated	December 22 2023
	Signature of a member or authorized representative of a member
	Javian Walker