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COVER LETTER

	Registration Se Division of Cor			
SHDIE	MI 20, LLC	c		
SUBJEC	-1	Name of Limi	ted Liability Company	···
		Amendment and fee(s) are sub	-	
riease re	turn an correspo	ndence concerning this matter t	to the following:	
		Ryan King, Esq.		
			Name of Person	
		Patriot Law LLC		
			Firm/Company	
		2631-A NW 41st Street		
			Address	
		Gainesville, FL 32606		
			City/State and Zip Code	
		pennibaker@gmail.com		
			o be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please ca	11:	
Preston	Rouse		865 660-9491	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.0	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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Com	20, LLC pany as it now appears d Liability Company)	on our records.)	
The Articles of Organization for this Limited L Florida document numberL15000141967	08/19/2015	and assigned		
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	f the limited lia	bility company her	<u>e</u> :	
Seven Bridges Holdings, LLC				
The new name must be distinguishable and contain the v	vords "Limited Lia	bility Company," the des	ignation "LLC" or the	
Enter new principal offices address, if applic	able:	N/A		>0 100 200 married
(Principal office address MUST BE A STREE	T ADDRESS)		· 	27 5 1
				SO I I
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)			8
B. If amending the registered agent and			our records, <u>ente</u>	r the name of the new
registered agent and/or the new registered or	nice address ne	ere:		
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florid	a 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

MGR = M AMBR = A	lanager Authorized Member		
<u> </u>	<u>Name</u>	Address	Type of Action
·			□ Add
			Remove
			☐ Change
			☐ Remove
			Change
			
			□ Remove
			☐ Change
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			Remove.
			☐ Add
			Remove
			□ Change

etive date, if other than the date of filing: N/A - Date of filing (optional) (filective date, if other than the date of filing: N/A - Date of filing or more than 90 days after filing.) Pursuant to 605 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ment's effective date on the Department of State's records. ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier eyeld and after the record is filed. November 16 2015 Signature of a member or authorized representative William D. King, Authorized Representative Typed or printed name of signee Page 3 of 3								
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