Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055

Phone : (407)898-1757

Fax Number

: (407)897-5336

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

Email	Address:	

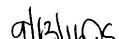
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 7X CONSTRUCTION LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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COVER LETTER

то:	Registration Se Division of Cor				
SUBJE	CT.	7X CON	ISTRUCTION LLC		
SOBJE		Name of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please 1	return all correspo	ondence concerning this matter	to the following:		
			RAFAELA MARTINS		
		**************************************	Name of Person		
		AC	CCOUNT BOOKKEEPING CORP		
			Firm/Company		
		330	00 S. HIAWASSE RD. STE 106		
			Address		
			ORLANDO/ FL 32835	AS 6	
			City/State and Zip Code		_
			INFO@ABKCORP.COM	-	- 「
		E-mail address: (to be used for future annual report notifice	nion)	1
For furt	her information c	oncerning this matter, please c	all:		ŧ
	RAFAELA	MARTINS	407 898-1757 at ()	100 PH 2	
	Name o	f Person		elephone Number	
Enclose	d is a check for th	he following amount:			
■ \$2 5	.00 Fiting 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 From Account Bookkeeping 1.321.888.4914 Mon Sep 12 07:50:50 2016 MDT Page 3 of 5

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

	7X CONSTRUCTION LLC				
(Name of the Limited	Liability Company as it now apper	urs on our records.)	***************************************		
The Articles of Organization for this Limited Liab	–	09/03/2015	and assigned		
Florida document numberL15000150973	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	he limited liability company l	<u>nere</u> ;			
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the	designation "LLC" or the	abbreviation "I	L.C."	
Enter new principal offices address, if applicab	ile:				
(Principal office address MUST BE A STREET.	ADDRESS)	<u> </u>	*****		
			ASS &	<u> </u>	
Enter new mailing address, if applicable:			AHA AHA E	g T	
(Mailing address MAY BE A POST OFFICE BO	2X).		第三人	3	

B. If amending the registered agent and/or	registered office address o	n our records, ente	SS c r the name		
registered agent and/or the new registered offic	e address here:		** O	•	
Name of New Registered Agent:					
New Registered Office Address:	Enter FI	orida street address		<u></u>	
		. Florida			
	Сиу	, , , , , , , , , , , , , , , , , , , ,	7.p Code	, ,	
New Registered Agent's Signature, if changing Reg	istered 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

Page 1 of 3

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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	DOS SANTOS, ERIKA R	6410 Metrowest Blvd Apt 1110	
		Orlando, FL 32835	■ Remove
			Change
MGR	CIMINO, MARCOS ROGERIO	6410 Metrowest Blvd Apt 1110	
		Orlando, FL 32835	Remove
			□ Change
			Add
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