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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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JUL 02 2020 S. YOUNG

COVER LETTER

Division of Corpora	itions		
subject: Long	gchamps A-	7 LLC.	
	Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address:		
The enclosed Articles of Ame	indment and fee(s) are sub-	nitted for filing.	
Please return all corresponder	ice concerning this matter t	to the following:	
	Scott	Saunders	····
-		Name of Person	
_	Saunder	SÉCOCPAS PLLC	<u>-</u>
		Firm/Company	
	P. O. E	Box 416	
-		Address	
	Winter	Park, FL 3279	0
-		City/State and Zip Code	<u></u>
_			
	E-mail address) (t	to be used for future annual report nottile	cation)
For further information conce	erning this matter, please co	ıll:	
Tammy S	aunders	ar 305 360-6	2342
Name of Per	son	Area Code Daytime	Telephone Number
Enclosed is a check for the fo	llowing amount:		
☐ \$25.00 Filing Fee			
	Certificate of Status		Certified Copy
Registration Sect	lion	Registration Sec	tion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: 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

Longcham	OS A-7 LLC iability Company as it now appears on our records.) lorida Limited Liability Company)
(Name of the Limited U (A F	OS A-7 LLC lability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document numberL_200000673	ity Company were filed on 3 3 90 and assigned
This amendment is submitted to amend the following	u8;
A. If amending name, enter the new name of the	limited liability company here:
145 Biltmore Ave 304 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 A	:: 1560 Hillcrest Avenue
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	Sounders : Co CPA's PLLC P.D. BOX 416 Winter Park, FL 32790
B. If amending the registered agent and/or regis agent and/or the new registered office address he	stered office address on our records, <u>enter the name of the new registered</u> ere:
Name of New Registered Agent:	Scott A. Saunders
New Registered Office Address:	1560 Hillcrest Avenul Enter Florida street address
_	Winter Park Florida 32789 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.

hanging 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>Mgr</u>	Scott A. Saunders	<u> </u>	□Add
			□Remove
		P.O. Box 416, Winter Park FL 36	790 Techange
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			□Remove
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			□Add
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f an effe <mark>Note:</mark> I	e date, if other than the date of filing:	605.0207 isted as
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at d.	fter the
Dated _	June 8 2020 Signiful et a member or authorized representative of a member	
	Scott, A. Saunders Typed or printed name of signee	