115000085649

()	Requestor's Name)	
	Address)	
`	,	
(4	Address)	
	City/State/Zip/Phone #)	
,	City/State/Zip/Filone #)	
_		_
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)	
	Document Number)	
`	,	
Certified Copies	Certificates of	Status
		•
Special Instructions	to Filing Officer:	
]		
L		

Office Use Only



700186644287

10/18/10--01005--004 **25.00

FILED

10 OCT 18 AM D: 55

SEURETARY OF STATE
ALLAHASSEE, FLORIDA

D. BRUCE

OCT 19 2010

EXAMINER

COVER LETTER

TO: Registration Division of C						
SUBJECT:	SEVEN HI	LLS CENTER, LLC				
		nited Liability Company				
	of Amendment and fee(s) are so	_				
Please return all corre	spondence concerning this matte	er to the following:				
	Je	ffrey M. Lasman, Esquire				
		Name of Person		-		
		asman Law Firm, P.A.		_		
		Firm/Company		Z.	70	
		PO Box 1907		LAH.	000	-1
		Address		ASSE	09	
		Brandon, FL 33509 City/State and Zip Code		الله (1900) - ا	35e	
		jeff@lasmanlaw.com		FLORIDA	s Š	
	e yaka erje gigir e e e	(to be used for future annual report n	otification)	Orri A	.CD	
For further informatio	n concerning this matter, please	call:				
	ffrey M. Lasman	at (813)	681-7725			
Naii	e of reison	Area Code & Day	ume relephone Numb	er		
Enclosed is a check for	or the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certifie	iling Fee, cate of Sta ed Copy onal copy		osed)
Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations Box 6327 ahassee, FL 32314	STREET/COI Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations g e Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SEVEN HILLS	CENTER, LLC		
(Nam	<u>le of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears of Liability Company)	n our records.)	···
The Articles of Organization fo	r this Limited Liability Compar	ny were filed on	8/30/2005	and assigned
Florida document number	L05000085669			
This amendment is submitted to	amend the following:			
A. If amending name, enter t	he new name of the limited lia	bility company here:		
The new name must be distinguis "L.L.C."	hable and end with the words "Lin	mited Liability Company	," the designation "LI	.C" or the abbreviation
Enter new principal offices ac	ldress, if applicable:		3.6	3
(Principal office address MUS	T BE A STREET ADDRESS)		<u> </u>	विन
Enter new mailing address, if	`applicable:		S E F	
(Mailing address MAY BE A I	POST OFFICE BOX)		08/05 DA	
B. If amending the register registered agent and/or the no	red agent and/or registered ew registered office address he	office address on oui ere:	records, <u>enter th</u>	e name of the new
Name of New Registe	ered Agent:			
New Registered Office	e Address:	·	 	
		Enter	Florida street addr	ess
		-	, 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 608, 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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Peter A. Napolitano	8245 River Country Drive Spring Hill, FL 34607	Add Remove
MGRM	Nicole N. Napolitano	8245 River Country Drive Spring Hill, FL 43607	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
	····		Add Remove
D. If amen	nding any other information, enter c	hange(s) here: (Attach additional sheets, if necesso	· 10 OC
_ 			TIB AM DE 55
Dated	October 4 Signature of a me	2010	
	Je	ffrey M. Lasman, Esquire yped or printed name of signee Page 2 of 2	
		Filing Fee: \$25.00	