

107060073220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

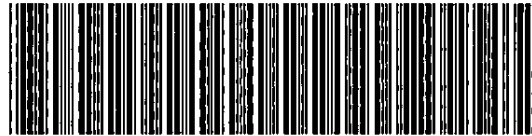
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Handwritten signature

Office Use Only



500106560025

07/25/07--01022--011 **60.00

FILED

07 JUL 25 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: sevensnine 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:

nicole perkovich
(Name of Person)

sevensnine LLC
(Firm/Company)

331sw 19th rd
(Address)

miami FL, 33129
(City/State and Zip Code)

FILED
07 JUL 25 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

nicole perkovich at (305) 794 2825
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 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**

sevensnine LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 07/16/2007 and assigned
document number L07000073220.

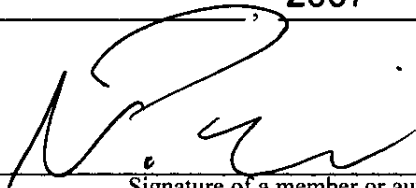
SECOND: This amendment is submitted to amend the following:

Article V- Managing Members

Delete-victoria perkovich, 331sw 19th rd , miami FL, 33129

FILED
07 JUL 25 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated July 19 2007



Signature of a member or authorized representative of a member

nicole perkovich

Typed or printed name of signee

Filing Fee: \$25.00