L08000034630

· (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:			

Office Use Only



600135534116

09/11/08--01019--006 **25.00

08 SEP II ANII: 32
SECRETARY OF STATE
SECRETARY OF STATE

N. Collega SEP 1 2 2008

COVER LETTER

TO: Registration Sect Division of Corpo	ion Orations †		
SUBJECT:	The Sevens	th Cavalry, 1 Liability Company)	LLC
The enclosed Articles of A	mendment and fee(s) are submit	tted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	Jeff	(Name of Person)	
		(Firm/Company)	
	5581	NE 28th Ave (Address)	
		auderdale, FL E	33308
For further information con	ncerning this matter, please call:	:	
Jeff HII	nes Person)	at (<u>9S4) 245-20</u> (Area Code & Daytime T	OOZ elephone 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 ORGANIZATIO

FILED

ARTICLES OF ORGANIZATION 08 SEP 1

The Seventh (Cavalry LLCTALLAHASSEE FLORIDA
(Name of the Limited Liability (A Florida)	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L 08 0000 3463</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD)	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, enter the name of the new lress here:
Name of New Registered Agent:	
New Registered Office Address:	(Enter Florida street address)
	,
	(City), Florida (7in 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

Address <u>Title</u> Name Type of Action Jeffrey Hines

Gary Chandler 15 Hunt Valley View Terracy

Phoenix, mp 21131 Remove Remove ☐ Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary, September Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00