# L09000026219

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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

9-23-13

# **COVER LETTER**

Division of Co	rporations		
SUBJECT:	USG	7, LLC	
30B3EC1:	Name of Limit	red Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Graham Wright	
		Name of Person	···
		USG7 LLC	
		Pirm/Company	<del></del>
	6700	S. FLORIDA AVE - STE 29	
		Address	
		LAKELAND, FL 33813	
		City/State and Zip Code	
	E-mail address: (1	o be used for future annual report notificati	ion)
For further information of	concerning this matter, please c	all:	
Graha	m Wright	at 678 685-8747	
	of Person	at ( 078 ) 003-0747  Area Code & Daytime Te	elephone Number
		·	
Enclosed is a check for t	he 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:

TO: " Registration Section

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



September 4, 2013

GRAHAM WRIGHT 6700 S. FLORIDA AVE - STE 29 LAKELAND, FL 33813

SUBJECT: USG7, LLC

Ref. Number: L09000026219

We have received your document for USG7, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 113A00020868

Tim Burch Regulatory Specialist II

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	USG7, LLC		
(Name of the Limiter	I Liability Company as it now appear A Florida Limited Liability Company)	rs on our records.)	<del></del>
The Articles of Organization for this Limited I	iability Company were filed on	03/18/2009	and assigned
Florida document numberL0900002621	9		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	f the limited liability company her	<u>e</u> :	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Compa	ny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applie	cable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREE	ET ADDRESS)		<u> </u>
	<del></del>	·	AND SP T
Enter new mailing address, if applicable:			20 SEE
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		F S
			RIDA TEL
B. If amending the registered agent and registered agent and/or the new registered of		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Registered Agents Inc.	·	_
New Registered Office Address:	3030 N. Rocky Point Dr. STE 15	50A	
		ter Florida street ad	ddress
	Tampa	, Florida _	33607
	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

MGR = Manager

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:

MGRM =	MGRM = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		-	Remove
			Add
			Remove
			$P : \mathcal{S}$
			FILED FANTOR HASSEE, FI
		·	FLORIDA 46
			Add
			Remove
			Add
			Remove
			Remove

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	Add FEI/EIN Number: 26-4463319
•	
•	
•	
.ed	08/21/2013
	to Coul
	Signature of a member or authorized representative of a member
	Graham Wright
	Typed or printed name of signee

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Filing Fee: \$25.00

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SEGRETARY OF STATE