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(City/State/Zip/Phone #)

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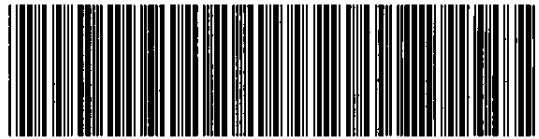
(Business Entity Name)

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09 DEC 16 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 17 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 7 Solutions LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carl Williams
Name of Person

7 Solutions "LLC"
Firm/Company

3609 E. Henry Ave.
Address

Tampa FL 33610
City/State and Zip Code

Carl4Solutions@hotmail.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Carl Williams at (813) 317-9723
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:

7 Solutions LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Carl Williams is listed as CEO. He is not
ceo. He should be listed as Manager (MGR)
Could you please correct this information

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

FILED
09 DEC 16 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated: 12/10/09

Carl Williams

Signature of a member or authorized representative of a member

Carl Williams

Typed or printed name of signee

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L09000116757
FILED 8:00 AM
December 08, 2009
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:
7 SOLUTIONS "LLC"

Article II

The street address of the principal office of the Limited Liability Company is:
3609 E HENRY AVE
TAMPA, FL. 33610

The mailing address of the Limited Liability Company is:
PO. BOX 7288
TAMPA, FL. 33673

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
CARL WILLIAMS JR.
3609 E HENRY AVE
TAMPA, FL. 33610

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: CARL WILLIAMS JR.

Article V

• • • • The name and address of managing members/managers are:

Title: CEO
CARL WILLIAMS JR
3609 E HENRY AVE.
TAMPA, FL. 33610

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FILED 8:00 AM
December 08, 2009
Sec. Of State
thampton

Article VI

The effective date for this Limited Liability Company shall be:

12/08/2009

Signature of member or an authorized representative of a member

Signature: CARL WILLIAMS JR.