L110000142O9

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: **Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H11000036773 3)))

H110000367733ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

```
TO:
        Division of Corporations
        Fax Number     : (850)617-6383

From:
        Account Name   : D.M.M.L.
        Account Number : I20050000186
        Phone          : (305)285-2000
        Fax Number     : (305)285-5555
```

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
7EVEN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

RECEIVED
11 FEB 10 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
11 FEB 10 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu   Corporate Filing Menu   Help

G. MCLEOD
FEB 11 2011
EXAMINER

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

7EVEN, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on ___February 3, 2011___ and assigned
Florida document number ___L11000014209___ .

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

FILED
11 FEB 10 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address

_____, 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**

(((H11000036773 3)))

Page 1 of 2

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:
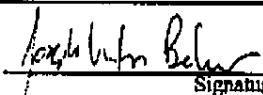
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
VPMGR	Joseph Victor Behar	6767 Collins Avenue Unit 2005 Miami, FL 33141	☑ Add ☐ Remove
PMGR	Massimo Colella	20815 NE 16 AVENUE, #19 MIAMI, FL 33179	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____

Joseph Victor Behar (signature)

Signature of a member or authorized representative of a member

Joseph Victor Behar

Typed or printed name of signee

Page 2 of 2

Filing Fee: $25.00