L11000103226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

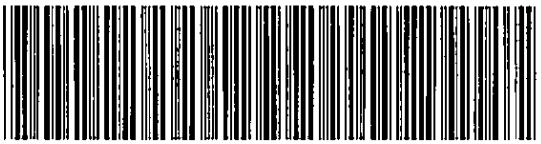
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400333411384

FILED

2019 NOV -8 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SUKER

NOV 19 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 13, 2019

BOAZ 7 ENTERPRISE L.L.C.
4521 BOSTON ST
SEBRING, FL 33872

SUBJECT: BOAZ 7 ENTERPRISE L.L.C.
Ref. Number: L11000103226

We have received your document for BOAZ 7 ENTERPRISE L.L.C. and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 819A00023394

Yasemin.Sulker@DOS.MyFlorida.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Borz 7 Enterprises
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:

David J. Allen Sr.
Name of Person

Borz 7 Enterprises
Firm/Company

[illegible] St
Address

[illegible]bing FL 33872
City/State and Zip Code

allens1101@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David J. Allen Sr. at (863) [illegible]-6465
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

[illegible]

(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 8 April 2011 and assigned Florida document number L11000[illegible]

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 contain 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)

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: _______________
(Florida street address)

_______________, Florida _______________
(City) (Zip)

FILED
2015 NOV -8 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
			☐ Add
			☐ Remove
		[illegible]	☑ Change
MGRM	Patricia [illegible]		☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

E. Effective date, if other than the date of filing: ______________________ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated ______________________

Signature of a member or authorized representative of a member

David J. Allen Sr.

Typed or printed name of signee

Filing Fee: $25.00