

L11000108663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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13 NOV - 1 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV - 4 2013

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 7M TOURS LLC
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:

SHRADDHA VORA

Name of Person

7M TOURS LLC

Firm/Company

672 N. SEMORAN BLVD, SUITE 303

Address

ORLANDO, FL 32807

City/State and Zip Code

info@7mtours.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHRADDHA VORA

Name of Person

at (407) 346-1166

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2013

SHRADDHA VORA
7M TOURS, LLC
672 N SEMORAN BLVD STE 303
ORLANDO, FL 32807

SUBJECT: 7M TOURS, LLC
Ref. Number: L11000108663

We have received your document for 7M TOURS, LLC and your check(s) totaling \$25.00. 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.

Teresa Brown
Regulatory Specialist II

Letter Number: 413A00024418

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
13 NOV -1 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7m TOURS, 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 9/22/11 and assigned Florida document number L11000108663.

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)

672 N. SEMORAN BLVD

SUITE 303

ORLANDO, FL 32807

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:

SHRADDHA VORA

New Registered Office Address:

672 N. SEMORAN BLVD, SUITE 303

Enter Florida street address

ORLANDO

City

Florida

32807

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HIREN JAIN CHIRAN	672 N. SEMORAN BLVD SUITE # 303 ORLANDO, FL 32807	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	AKARSH KOLABRATH	672 N. SEMORAN BLVD SUITE # 303 ORLANDO, FL 32807	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated September 20, 2013.

 (Shradha Vora)

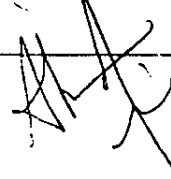
Signature of a member or authorized representative of a member

Hiren Jain (Hiren Jain)

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00



AKARSH KOLAMATH