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Office Use Only



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COVER LETTER

TO: Registration : Division of Co			
SUBJECT:	Keeling (IN) Name of Lin	ecpcises / L C nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Leon	Name of Person	
	Seven Sp	here Solutions LL Firm/Company	<u>-e</u>
	3670 Beccon	Address Address	7
		City/State and Zip Code	
	E-mail address: (19 a mail com to be used for future annual report notif	fication)
For further information	concerning this matter, please c	all:	
Leon Kee Name	of Person	at (<u>386</u>) <u>795-8</u> Area Code Daytime	Y Z1 Prelephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	图 \$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 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

(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 1/12/2012 and assigned						
lorida document number <u>L 120000 550 C</u> .						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability company here:						
Seven Sohere Solutions, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the						
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	ne 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)	# C 22					
(Mailing address MAY BE A POST OFFICE BOX)	٠. ١					
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	#					
B. If amending the registered agent and/or registered office address on our records, en	ter the name of the n					
registered agent and/or the new registered office address here:						
	ere de la companya d					
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 th 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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			Add
			Remove
			□ Change
			
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			Remove
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(If an effect Note: I	we date, if other than the date of filing: 8/1/19 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 lift the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl 90th day after the record is filed.	ier o
Dated _	July 27 . 2019.	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00