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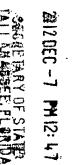
| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
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T. CLINE

DEC 10 2012

EXAMINER

COVER LETTER -

TO:

Registration Section
Division of Corporations

SUBJECT:

Magnificent Seven Properties, 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:

Kacy Donlon

Name of Person

Magnificent Seven Properties, LLC

Firm/Company

5505 W Gray Street

Address

Tampa, FL 33609

City/State and Zip Code

kdonlon@wiandlaw.com

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

For further information concerning this matter, please call:

Kacy Donlon

__,813<u>、347-510</u>4

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

| Magnificent Seven Properties, LLC (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our record | <u>ls.</u>) | |
|--|--------------------------------------|---------------|--------------|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L12000058824</u> | | | |
| This amendment is submitted to amend the following: | | , 1 | . , . |
| A. If amending name, enter the new name of the limited liab | ility company here: | · | |
| The new name must be distinguishable and end with the words "Limi"L.L.C." | ited Liability Company," the designa | | abbreviation |
| Enter new principal offices address, if applicable: | 5505 W Gray Street | 3668 ALLA | T E TOP |
| (Principal office address MUST BE A STREET ADDRESS) | Tampa, FL 33609 | | commenter: |
| Enter new mailing address, if applicable: | 5505 W Gray Street | T PHIZ: | C |
| (Mailing address MAY BE A POST OFFICE BOX) | Tampa, FL 33609 | | ļ. |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | · • | nter the name | of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida stre | et address | |
| <u></u> | , Flori | | |
| CHY | | 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 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> Address Type of Action <u>Name</u> Remove Remove Remove Remove Add Remove

| | nation, enter change(s) here: (Attach additional sheets, if necessary:) |
|------------------|---|
| This address o | hange applies to all members as well. |
| • | |
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| | • |
| | |
| | |
| December 5 | 2040 |
| Dated December 5 | , 2012 |
| | |
| · Varu | bnum |
| | Signature of a member or authorized representative of a member |
| Kacy Donlon | |
| . tady Dornott | Typed or printed name of signee |
| | Then or bringer manie of piguee |

Page 3 of 3

Filing Fee: \$25.00