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THE SCURLIARY OF STATE

JUN 12 2014

T. BROWN

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT. Seven	n Sins, LLC		
SUBJECT.		ted Liability Company	
The enclosed Articles of A	amendment and fee(s) are subr	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Edward H.	Simches	
		Name of Person	
	Corporate F	Financial Manag	jers
		Firm/Company	
	9019 Reyes	s Ct.	
		Address	<u> </u>
	Orlando, FL	_ 32836	
		City/State and Zip Code	
	esimches@mail.	.COM to be used for future annual report notific	ation)
For further information co	ncerning this matter, please ca	·	,
Edward H		407 ₃ 385-98	R21
Name of			Telephone Number
			-1
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting 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**

ARTIC	CLES OF A	MENDMENT		
,	TO			A .
ARTIC	LES OF OF	RGANIZATIO	N /g	
	OF	•	TASE SUN	12 SO
			ACA TELE	Pu
Seven Sins, LLC			1431A	7 3. p.
(Name of the Limited I	Liability Company Florida Limited Lia	y <u>as it now appears on o</u> ability Company)	ur records.)	FILED PH 3: 07 FIORICA and decimend
The Articles of Organization for this Limited Liabi	lity Company w	vere filed on July 30	0, 2012	and assigned
Florida document number L12000097839				
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liabili	ty company here:		
The new name must be distinguishable and end with the wor	ds "Limited Liabili	ty Company " the design	ation "LLC" or the a	hbreviation "L.C."
The new flame must be distinguishable and end with the wor	do ilmined Endoni	is company, and design		
Enter new principal offices address, if applicabl	e:			
(Principal office address MUST BE A STREET A	<u> 4DDRESS)</u>			
Enter new mailing address if analizable.				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office	Ų		records, enter	the name of the new
Name of New Registered Agent:				
	•			
New Registered Office Address:		Enter Florida str	eet address	· .
			. Florida	
-		City	, Figura	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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	John Michael Zucco	2025 Fish Eagle St	
		Clermont, FL 34714	≡ Remove
MGR	Kyle Zucco	2025 Fish Eagle St	□ Add
		Clermont, FL 34714	■ Remove
			Remove
			
			□ Remove
			<u></u>
			Add
			Remove
			Remove

f amending any other information, er	iter change(s) here: (Attach add	utional sneets, ij necessary.)
Effective date, if other than the date on The effective date must be specific, cannot be printed the date this document is filed by the Florida De		(optional) not be more than 90 days after
Dated June 2	2014	
The state of the s	The Carlo	
-	e of a member or authorized representa	ntive of a member
Edward H. Simo	Typed or printed name of signs	
	r yped or printed name or signe	C .

Page 3 of 3

Filing Fee: \$25.00