

L/2000097839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

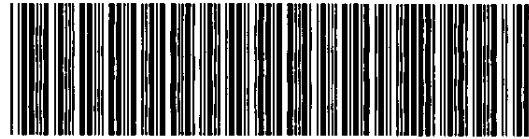
(Business Entity Name)

(Document Number)

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JUL 16 2014

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S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Seven Sins 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:

John Michael Zucco, CEO

Name of Person

Seven Sins LLC

Firm/Company

2025 Fish Eagle St.

Address

Clermont Florida 34714

City/State and Zip Code

jmz@sevensins.me

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

For further information concerning this matter, please call:

John Michael Zucco, CEO at **(352) 638-6480**

Name of Person

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

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

Seven Sins 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 July 30th 2012 and assigned
Florida document number L12000097839.

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)

2025 Fish Eagle St.
Clermont Fl. 34714

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2025 Fish Eagle St.
Clermont Fl. 34714

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:

John Michael Zucco, CEO

New Registered Office Address:

2025 Fish Eagle St.

Enter Florida street address

Clermont

Florida 34714

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 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.


John Michael Zucco
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 = Authorized Member

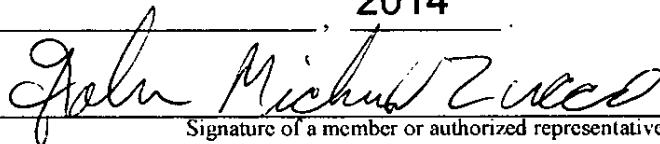
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOHN Michael Zucco	2025 Fish Eagle St.	<input checked="" type="checkbox"/> Add
		Clermont Fl. 34714	<input type="checkbox"/> Remove
MGR	Kyle B Zucco	2025 Fish Eagle St.	<input checked="" type="checkbox"/> Add
		Clermont Fl. 34714	<input type="checkbox"/> Remove
MGR	Edward H Simches	9019 Reyes Ct.	<input type="checkbox"/> Add
		Orlando Fl. 32836	<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

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)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 3, 2014



Signature of a member or authorized representative of a member

John Michael Zucco, CEO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 JUL -7 10 46 AM
TALLAHASSEE
FLORIDA