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# **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	SEVEN TWO SOL Name of Lim	UTTONS, UC. ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JAME:	Name of Person	
		Name of Person	
	<i>Se</i>	Firm/Company	C.
		Firm/Company	
	/429	CHESAPEANE OUVE	
		Address	<del></del>
		City/State and Zin Code	
		, ,	
	E-mail address: (i	SHLOON & GMAL. COM	ication)
For further information co	oncerning this matter, please ca	att:	·
JAmes Name o	Housing Person	at ( <u>813</u> ) <u>9% · 75</u> Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne following amount:		
<b>⊈1.</b> \$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

_			<b>22</b> 8 <b>5</b>
Severition so	WHONS, UC		S F
(Name of the Limited Liabil	ity Company as it now appears la Limited Liability Company)	on our records.)	
(2.10)	a canted chaomicy Company)		6
The Articles of Organization for this Limited Liability (		8/2/12	and assigned 🗇
Florida document number <u>L/20000 99847</u>	<u></u> .		
This amendment is submitted to amend the following:			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
A. If amending name, enter the new name of the lim	nited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the des	ignation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
	<del></del>	<del></del> .	
	<del></del>		<del></del>
Enter new mailing address, if applicable:			
		<del>.</del>	<del>-</del>
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
		·-	
B. If amending the registered agent and/or regis	stered office address on o	our records, enter	the name of the new
registered agent and/or the new registered office add	ress here:	<u> </u>	the number of the new
Name of New Registered Agent:			
Name of New Registered Agent.	<del>-</del>		<del></del>
New Registered Office Address:			
	Enter Florid	a 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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	JAMES HOLLOWAY	1429 CHESARAKE DI	Add
		00ESSA, FL 33556	Remove
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Filing Fee: \$25.00