

Division of Corporations Electronic Filing Cover Sheet

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(((H13000208191 3)))



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Fax Number : (850) 617-6383

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L. SELLERS

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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ALC AMND/RESTATE/CORRECT OR M/MG RESIGN SEVEN A.T., LLC

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9/18/2013

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9/19/2013 11:24:26 AM PAGE 1/001 Fax Server



September 19, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SEVEN A.T., LLC 6915 SW 57TE AVE 215-A CORAL GABLES, FL 33143

SUBJECT: SEVEN A.T., LLC

REF: L12000112023

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call $(850)_{-}245\sim6051$.

Leslie Sellers Regulatory Specialist II FAX Aud. #: E13000208191 Letter Number: 213A00022050

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13 SEP 19 PM 12: 34
SECATIONS OF STATE
PALLAHASSED FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

413000008191

S	EVEN A.T., I	LC		
(Name of the Limited L			ars on our records.)	
The Articles of Organization for this Limited Lial Florida document numberL12000112023			1	_ and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	lity company h	ere:	
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ted Liability Comp	pany," the dealgnation "LLC	or the abbreviation
Enter new principal offices address, if applicable:		N/A	 	
(Principal office address MUST BE A STREET				
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE B	OXI			\
B. If amending the registered agent and/or registered agent and/or the new registered off	r registered of lee address her	fice address on e:	our records, enter the	name of the new
Name of New Registered Agent;	N/A		<u> </u>	
New Registered Office Address:	N/A		l	
		I	inter Florida street addre	53
			, Florida	
	,	City		Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:	į.		
I hereby accept the appointment as registered the provisions of all statutes relative to the pr accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this c	oper and comp tered agent as egistered office	olete performan: provided for in	e of my duties, and I am Chapter 608, F.S. Or, if	familiar with and this document is
	(f Cha	inging Registered A	gent, Signature of New Regi	stered Agent
	Page	1 of 3		

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If amending or Managin	the Managers or Managing Members <u>Member being added or removed fro</u>	on our records, enter the title, name, and ad m our records:	dress of each Manager
MGR = Mai MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	ANDREAS KAIAFAS	6915 SW 57TH AVE	Add
		SUITE 215-A	Remove
		CORAL GABLES, FL 33	1143
			Add
			Remove
	·		
			Remove
			Add
			Remove
			Kentove
			Remove
			13 13 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15
			RAPOVO TO STATE OF THE STATE OF
			PH II: 21 OF STATE OF FLORIDA
	Pa	ge 2 of 3	OF -

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	'		
September 18	2013		
Signatur	of a member or authorized representative	of a member	
	Toni H. Alam, MGRM	ļ	

Filing Fee: \$25.00