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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

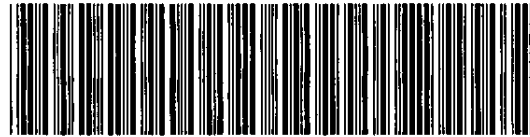
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SEVEN A.T., 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:

Toni H. Alam

Name of Person

SEVEN A.T., LLC

Firm/Company

6915 SW 57th Ave., Suite 215-A

Address

Coral Gables, FL 33143

City/State and Zip Code

CMMOLIERI@CS.COM

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

For further information concerning this matter, please call:

Toni H. Alam

Name of Person

at 305 663-6200

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

SEVEN A.T., LLC

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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>                      |
|--------------|-------------------|----------------------------|--|
| AMBR         | Andrew A. Kaiafas | 6915 SW 57th Ave           | <input type="checkbox"/> Add               |
|              |                   | Suite 215-A                | <input checked="" type="checkbox"/> Remove |
|              |                   | Coral Gables, FL 33143     |  |
| MBR          | 7NT ONE, LTD      | c/o Stevan Lieberman, Esq. | <input checked="" type="checkbox"/> Add    |
|              |                   | 1425 K St., NW 350         | <input type="checkbox"/> Remove            |
|              |                   | Washington, DC 20005       |  |
|              |                   |                            | <input type="checkbox"/> Add               |
|              |                   |                            | <input type="checkbox"/> Remove            |
|              |                   |                            |  |
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|              |                   |                            | <input type="checkbox"/> Remove            |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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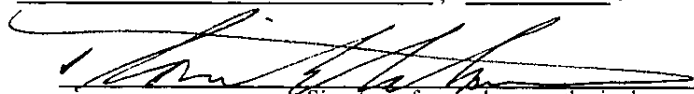
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 June 26, 2014



Signature of a member or authorized representative of a member

Toni H. Alam

Typed or printed name of signee

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Filing Fee: \$25.00

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