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COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	SEVEN	A.T., LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing		
	ondence concerning this matter	•		
ricuse return an corresp	ondende concerning this matter	to the following.		
	7	oni H. Alam		
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
	SE'	VEN A.T., LLC		
		Firm/Company		
	6915 SW 57th Ave., Suite 215-A			
		Address		
	Cora	l Gables, FL 33	143	
	CM	City/State and Zip Code		
		IMOLIERI@CS.COM to be used for future annual report not		
For further information	concerning this matter, please c	all:		
Toni H. Al	am	₃₀₅ ,663-6	3200	
Name	of Person	at ()	ne Telephone Number	
Enclosed is a check for	the following amount:			
■ \$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)	
Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COUR Registration Section Division of Corportion Building 2661 Executive Country Tallahassee, FL 3	orations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SEVEN A.T.,		
(Name of the Lim	ited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited L Florida document number L12000112023			and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lia	bility company here:	
N/A			
The new name must be distinguishable and end with the	words "Limited Li	ability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address if applicables		N/A	
Enter new mailing address, if applicable:	nava	1077	
(Mailing address MAY BE A POST OFFICE	<u>(BUX)</u>		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			r the name of the new
	N/A		-
New Registered Office Address:	19/74	Enter Florida street address	<u> </u>
		, Florida	90 300 91 300 15 11
		City , Florida _	Zip Code
New Registered Agent's Signature, if changing	Registered Agen	ıt:	
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	per and comple gistered agent a gregistered offic	te performance of my duties, and I an s provided for in Chapter 605, F.S. O	n familiar with and r, if this document is

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>	Name	Address	Type of Action
AMBR	Andrew A. Kaiafas	6915 SW 57th Ave	Add
		Suite 215-A	Remove
		Coral Gables, FL 33143	
MBR	7NT ONE, LTD	c/o Stevan Liebarman, Esq	· 🖪 Add
		1425 K St., NW 350	☐ Remove
		Washington, DC 20005	
			□ Remove
		 	
			□ Add
			Remove
			_□ Add,
			□ Remove
			□ Add
	,	-	_□ Remove

If amending any other information, enter cl	change(s) here: (Attach additional sheets, if necessary.)
	
Effective date, if other than the date of filing (The effective date must be specific, cannot be prior to dathe date this document is filed by the Florida Department	ate of receipt or filed date and cannot be more than 90 days after
Dated_June 26	2014
Signature of a	nember or authorized representative of a member
	Toni H. Alam
	Typed or printed name of signee

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Filing Fee: \$25.00