

9/16/20

Fax:
Division of Corporations

Sep 16 2014 04:10pm P001

L14000027616

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LISETTE PIE SALAZAR PA
Account Number : I20120000076
Phone : (305)361-6161
Fax Number : (305)361-6168

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

Email Address: LPSALAZAR.LAW@aol.com

FILED
14 SEP 16 PM 2:25
DIVISION OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SEVEN LAKES INVESTMENTS LLC**

Certificate of Status	0
Certified Copy	0
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INFORMATION SERVICES

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SEVEN LAKES INVESTMENTS 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:

LISETTE SALAZAR

Name of Person

LISETTE PIE SALAZAR, P.A.

Firm/Company

200 CRANDON BLVD. #311

Address

KEY BISCAYNE, FL 33149

City/State and Zip Code

lpsalazarlaw@aol.com

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

For further information concerning this matter, please call:

LISETTE SALAZAR

Name of Person

at (**305**) **361-6161**

Area Code

Daytime 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)

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**

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SEVEN LAKES INVESTMENTS 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 02/18/2014Florida document number L14000027616

and assigned

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)251 CRANDON BLVD.SUITE 1129KEY BISCAYNE, FL 33149

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)251 CRANDON BLVD.SUITE 1129KEY BISCAYNE, FL 33149**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:New Registered Office Address:Enter Florida street addressCity, FloridaZip 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

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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:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Amend address of MGR to read:

251 CRANDON BLVD.

SUITE 1129

KEY BISCAYNE, FL 33149

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 September 16, 2014



Signature of a member or authorized representative of a member

LISETTE SALAZAR

Typed or printed name of signee

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