

L14000044051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

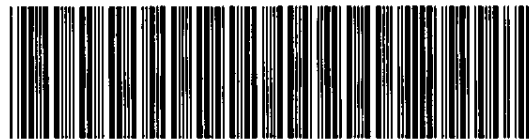
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend

Office Use Only



600260536156

05/30/14--01010--010 **25.00

FILED
14 MAY 30 PM 4:15
TALLAHASSEE, FLORIDA

T. Burch JUN 5 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 7 SERVICE FAMILY GROUP, 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:

Name of Person

GONZALEZ & ASSOCIATES, CPA, PA

Firm/Company

8436 W. OAKLAND PARK BLVD.

Address

SUNRISE, FL 33351

City/State and Zip Code

AJGONZALEZCPA@GAINC-CPA.COM

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

For further information concerning this matter, please call:

ANTONIO J. GONZALEZ, CPA at 954 773-7286

Name of Person

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**

7 SERVICE FAMILY GROUP, 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 FLORIDA and assigned
Florida document number L14000044051.

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)

905 CUMBERLAND TERRACE

DAVIE, FL 33325

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

905 CUMBERLAND TERRACE

DAVIE, FL 33325

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:

GONZALEZ & ASSOCIATES, CPA, PA

New Registered Office Address:

8436 W OAKLAND PARK BLVD.

Enter Florida street address

SUNRISE

City

, Florida 33351

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 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 | DAVID PADILLA | 905 CUMBERLAND TERRACE | <input type="checkbox"/> Add |
| | | DAVIE, FL 33325 | <input checked="" type="checkbox"/> Remove |
| AMBR | ISAIAS DAVID PADILLA | 905 CUMBERLAND TERRACE | <input checked="" type="checkbox"/> Add |
| | | DAVIE, FL 33325 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

FILED
17 MAY 30 PM 16:15
CLERK OF DISTRICT COURT
DAVIE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 MAY 28, 2014



Signature of a member or authorized representative of a member

MARIA NIEVES LOPEZ

Typed or printed name of signee

FILED
14 MAY 30 PM 4:15
REC. DIV. 71 STAFF
TALLAHASSEE, FLORIDA

Page 3 of 3

Filing Fee: \$25.00