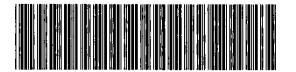


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## **COVER LETTER**

TO:	Registration Section Division of Corpo					
SUBJ	DIVISIO	ON 07 LLC				
SUBJ	EC1;	Name of Limi	ted Liability Company			
The er	nclosed Articles of A	mendment and fee(s) are sub	nitted for filing.			
Please	return all correspond	lence concerning this matter	to the following:			
		M	IARIA I. DE JESUS			
			Name of Person			
		:	DIVISION 07, LLC			
			Firm/Company			
		1970	E OSCEOLA PKWY			
			Address		29.5	œ
		KIS	SIMMEE FL 34743		2916 APR 24	•
			City/State and Zip Code		24 42	
		•	nunez2000@yahoo.com		7 <b>3</b>	Į
		E-mail address: (	to be used for future annual report not	ification)	્રા કુકુકુકુકુકુકુકુકુકુકુકુકુકુકુકુકુકુકુ	;
For fu	orther information cor	cerning this matter, please ca	all:			
	MARIA I DE	E JESUS	321 228-4349	)	• •	
	Name of I	erson		ne Telephone Number		
Enclo	sed is a check for the	following amount:				
□ \$2	25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
	Registrat	NG ADDRESS: tion Section of Corporations	STREET/COUR Registration Secti Division of Corpo Clifton Building	on		

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		N 07, LLC			
( <u>Name of the Limite</u>	ed Liability Compan (A Florida Limited Li	y as it now appears ( ability Company)	on our records.)		
The Articles of Organization for this Limited Li Florida document numberL14000084365		were filed on	05/27/2014	and assig	ned
This amendment is submitted to amend the follow	owing:				
A. If amending name, enter the new name of	the limited liabil	ity company here	:		
The new name must be distinguishable and end with the	words "Limited Liabil	lity Company," the de	signation "LLC" or the	abbreviation "L.I	C."
Enter new principal offices address, if applications	able:	1970 E OSCE	OLA PKWY		
(Principal office address MUST BE A STREET ADDRESS)		SUITE 232			
		KISSIMMEE	EL 34743	2214	
Enter new mailing address, if applicable:		1970 E OSCE	OLA PKWY	APR 24	
(Mailing address MAY BE A POST OFFICE	BOX)	SUITE 232		70	
		KISSIMMEE	FL 34743	္ကြက္က ယူ	1,111
B. If amending the registered agent and/ registered agent and/or the new registered of			our records, <u>ente</u>	r the name o	f the <u>ne</u>
Name of New Registered Agent:	4070 F 000		CUITE 222		
New Registered Office Address:	19/0 E OSC	EOLA PKWY  Enter Florid	a street address	. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del>-</del>
	KISSIMMEE		, Florida 🥞	34743	
		City		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>	Address	Type of Action
MGR	MARIA I DE JESUS	2014 EDGEWATER DR	Add
		SUITE 173	Remove
		ORLANDO FL 32804	
MGR	MARIA I DE JESUS	1970 E. OSCEOLA PKWY	
		SUITE 232	☐ Remove
		KISSIMMEE FL 34743	
			Add
			Remove
			· · · · · · · · · · · · · · · · · · ·
			APPROVE PH
			OSS SA
			Remove
			Add
			Remove
			•

<ol><li>If amending any other information,</li></ol>	, enter change(s) here: (Attach additional sheets, if necessary.)	)
•		
Effective date, if other than the date (The effective date must be specific, cannot be the date this document is filed by the Florida	e of filing: (optional) e prior to date of receipt or filed date and cannot be more than 90 days after Department of State)	
Dated 04 20	<u>, 2015</u> .	
	Desup	
Sign	nature of a member or authorized representative of a member	
	MARIA I. DE JESUS	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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