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(Ci	ity/State/Zip/Phone	e #)
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Zan Cook and Cook and

J. HARRIS

COVER LETTER

	ion Section of Corporations		
	IAGEMENT SEVEN LLC		
SUBJECT:	Name of Li	mited Liability Company	
	les of Amendment and fee(s) are su		
	JOSE FRANCISCO CES	PEDES	
		Name of Person	
	MANAGEMENT SEVE	N LLC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	2338 INMOKALEE RD 241		
		Address	
	NAPLES, FLORIDA 34	110	
		City/State and Zip Code	
	mabrobusinessconsulting@ E-mail address:	genant.com (to be used for future annual report notif	ication)
For further informa	ation concerning this matter, please	call:	
Jose Francisco Ces	spedes	786 341-1421 at ()	
٨	lame of Person	Area Code Daytime	Telephone Number
Enclosed is a check	s for the following amount:		
■ \$25.00 Filing F	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)
	AAU ING ADDDESS		

MAILING ADDRESS:

TO:

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

MANAGEMENT SEVEN LLC		
(Name of the Limited Liability C (A Florida Lia	Company as it now appears on our record mited Liability Company)	<u>s.</u>)
he Articles of Organization for this Limited Liability Com	pany were filed on 11/19/2014	and assigned
lorida document number L14000179042		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	d liability company here:	
I/A		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Sakan and the street of the state of the sta		
nter new principal offices address, if applicable:	NIA	
<u> Principal office address MUST BE A STREET ADDRES</u>	<u>SS)</u> N/A	(*)
nter new mailing address, if applicable:	N/4	
<u> Mailing address MAY BE A POST OFFICE BOX)</u>	N/A	- 4-1
. If amending the registered agent and/or registeregistered agent and/or the new registered office addres		s, enter the name of the
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street addres	s
	, Flo	orida
	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LAZARO SANCHEZ	247 SW 8TH ST SUITE 317	□ Add
		MIAMI, FL 33130	■ Remove
			☐ Change
MGR	JOSE FRANCISCO CESPEDES	2338 IMMOKALEE RD 241	∃ Aḋd
		NAPLES, FL 34110	□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Remove
			Change
			Add
			□ Remove
			☐ Change
			
			□ Remove
			□ Change

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tive date, if other than the date of t	filing: (optional)
effective date is listed, the date must be specifi	ie and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.6 not meet the applicable statutory filing requirements, this date will not be listed
mem s effective date on the Department	To State Victorias.
ecord specifies a delaved effecti	ve date, but not an effective time, at 12:01 a.m. on the earlie
e 90th day after the record is fil	led.
, NAPLES, DECEMBER 06	2017
i	- · - Arbulland
	THI DAY.
	of a member-or authorized representative of a member
Signature	
	$D_{\widetilde{\mathcal{U}}}$
JOSE FRANCISCO CESPEDES	**************************************
	Typed or printed name of signee Page 3 of 3

Filing Fee: \$25.00