L1500091143

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

	tration Section of Corpo			
SUBJECT: _	leven Events			
		Name of Lim	ited Liability Company	
The enclosed A	Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspond	ence concerning this matter	to the following:	
		Gloria Delgado		
			Name of Person	
		Seven Events	•	
			Firm/Company	
		310 NW 76th Ave		
			Address	<u></u>
		Pembroke Pines/FL 33024		
			City/State and Zip Code	
		gloria@seven.events		
		E-mail address: (to be used for future annual report n	otification)
For further info	ormation con	cerning this matter, please ca	all:	
Gloria Delgado	0	· ,	786 2021471	
	Name of P	erson	Area Code Day	ime Telephone Number
Enclosed is a c	heck for the	following amount:		
■ \$25.00 Fili	ing 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

Seven Events LLC			
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears ited Liability Company)	on our records.)	-
	•		
The Articles of Organization for this Limited Liability Comp	cany were filed on $\frac{01/1}{2}$	2/2016	and assigned
Florida document number L15000091743			
This amendment is submitted to amend the following:			
The distribution is satisfied to distribute the 2010 (fing.			
A. If amending name, enter the new name of the limited	liability company her	<u>re</u> :	
700			
The new name must be distinguishable and contain the words "Limited I	Liability Company," the des	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere		our records, <u>enter t</u>	he name of the nev
registered agent and/or the new registered office address	<u>here</u> :		
N AV B : I I			
Name of New Registered Agent:			·
New Registered Office Address:			
	Enter Florid	la street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>		
I hereby accept the appointment as registered agent and	_		2 4
provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent			
being filed to merely reflect a change in the registered of			
company has been notified in writing of this change.			Section 1
		SSE RY	
		<u> </u>	0.
Īf	Changing Registered Age		stered Agent
		≅ ≥ ,	· rt

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	Gloria Delgado	310 NW 76th Ave	■ Add
		Pembroke Pines, FL 33024	□ Remove
			Change
MGR	Cesar Villegas	310 NW 76th Ave	
		Pembroke Pines, FL 33024	□ Remove
			☐ Change
			□ Remove
			Change
		<u> </u>	Add
			Remove
			☐ Change
		S S C	Remove
			Remove

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						(option	al)	
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Filing Fee: \$25.00