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*COVER LETTER *

TO: Registration Section
Division of Corporations

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SUBJECT:	SEVEN	SUPPLIES LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		CARLOS N MARIN	
		Name of Person	
		Firm/Company	
	10	395 SW 186 ST 2nd FLOOR	
		Address	
		MIAMI, FL 33157	
	C	City/State and Zip Code arlos.neri.marin@gmail.com	
		to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please c	all:	
CARLOS N MARIN		786 712-2839	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne 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

	SEVEN SUF		
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited L	iability Company	were filed on	and assigned
This amendment is submitted to amend the foll	lowing:		
A. If amending name, <u>enter the new name o</u>	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STREI	ET ADDRESS)	10395 SW 186 ST 2nd	FLOOR
		MIAMI, FL 33157	
Enter new mailing address, if applicable:			
	E BOX)	"SAME AS ABOVE"	
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and	 l/or registered o	ffice address on our r	ecords, enter the name of the
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	I/or registered o office address her CARLOS N M	ffice address on our r	ecords, <u>enter the name of the</u>
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of	I/or registered o office address her CARLOS N M	ffice address on our r e: IARIN	
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	I/or registered o office address her CARLOS N M	ffice address on our re: IARIN ST 2nd FLOOR	

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

_ න 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>	Name	Address	Type of Action
MGR	CABRERA ROSANGEL	9343 SW 227 ST UNIT#7	□ Add
		CUTLER BAY, FL 33190	_ Remove
			Change
		-	Add
			□ Remove
			Change
		-	Add
			□ Remove
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			STATE Change

		
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