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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

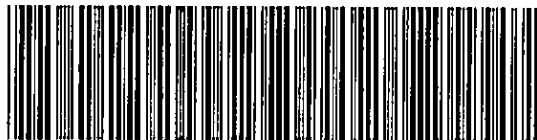
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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20 JAN -9 AM 11:15

FEB 06 2023
C McNAIR

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Solid Investment Group 7, 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:

Ignacio Martinez

Name of Person

Solid Investment Group 7, LLC

Firm/Company

713 CRESCENT WAY

Address

WESTON, FL 33326

City/State and Zip Code

Ignaciojosemb@gmail.com

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

For further information concerning this matter, please call:

Ignacio Martinez

786 488-6827
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

20 JAN -9 AM 11:15
TALLAHASSEE, FL 32303
DIVISION OF CORPORATIONS
REGISTRATION SECTION

_____ and assumed

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|--------------------------------------|--|
| AMBR | PIROZZI, FABIO | 40 SW 13 STREET #301 MIAMI, FL 33130 | <input type="checkbox"/> Add |
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Typed or printed name of signee