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J. HARRIS

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	7-M Holdin	SS LCC	
SUBJECT:		ted Liability Company	
The enclosed Articles of	`Amendment and fee(s) are subt	nitted for filing	
	ondence concerning this matter t	_	
	Rhonda.	Stamas Name of Person	
	Rhmda S	Stanas Name of Person tanas CPA LLC Firm/Company	<u>. </u>
		19 N # 114 Address	
	Palm Ha	5 60 FL 34/6	84
	rstamas c	City/State and Zip Code Pac yakoo. o be used for future annual report notif	Co ~
For further information of	concerning this matter, please ca		
Rhmda. Name o	Stanas CPA of Person	at (727) 492 8 Area Code Daytime	857/ e Telephone Number
Enclosed is a check for t			
\$25.00 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)
Regist Division	JING ADDRESS: ration Section on of Corporations lox 6327	STREET/COURING Registration Section Division of Corpora Clifton Building	n

Tallahassee, FL 32314

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7-W HOLDINGS, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com	pany were filed on 12/21/15	and assigned
Florida document number L15000211129		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
-		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>s</u>	
		TALL SEE
Enter new mailing address, if applicable:		272 N
(Mailing address MAY BE A POST OFFICE BOX)		
		FIST IS O
		22 f
B. If amending the registered agent and/or registere	ed office address on our re	
registered agent and/or the new registered office address	<u>here</u> :	
·		
Name of New Registered Agent:		
New Registered Office Address:		
11011 Augistored Office Address.	Enter Florida street	address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

7 M HOLDBICK LLC

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>	<u>Address</u>	Type of Action
MGR	SHERI MULLEN-VP	157 STEVENS ROAD, OLDSMAI	■ Add
			□ Remove
			Change
MGR	RICHARD MULLEN-PRES		Add
• .	,		Remove
		157 STEVENS ROAD, OLDSMAI	■ Change
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Filing Fee: \$25.00