

L15000211129

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(Business Entity Name)

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SECRETARY OF STATE, OFFICE OF THE  
TALLAHASSEE, FLORIDA

MAY 05 2016  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 7-m Holdings 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:

Rhonda Stamas  
Name of Person  
Rhonda Stamas CPA LLC  
Firm/Company  
35246 US19 N #114  
Address  
Palm Harbor FL 34684  
City/State and Zip Code  
rstamascpa@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rhonda Stamas CPA at (727) 4928571  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## Page 1 of 3

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>
MGR	SHERI MULLEN-VP	157 STEVENS ROAD, OLDSMAI	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RICHARD MULLEN-PRES		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		157 STEVENS ROAD, OLDSMAI	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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MAY 2 12:45  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**


(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated APRIL 25, 2016



Signature of a member or authorized representative of a member

RICHARD MULLEN

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA