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(Requestor's Name) (Address)	
(Address)	30028
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	08/22/1
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SEVEN 7H CUT 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:
MANUEL TORREJON Name of Person
Name of Person
SEVENTH CUT LLC Firm/Company
Firm/Company
10360 SW 200 ST Address
Address
CUTLER BAY-FL 33157
City/State and Zip Code Manjotor 7 Chotmail. Com
E-mail address: (to be used for future annual report notification)
•
For further information concerning this matter, please call:
JETREY TORRESTON at (305) 450 93 67 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$certificate of Status & \$\Bigcup \$certified Copy & \$\Bigcup \$certifie

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**

SEVENTH CUT LLC	
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Company	pears on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number	07/12/2016 and assigned
This amendment is submitted to amend the following:	,
A. If amending name, enter the new name of the limited liability compan	y here:
SEVENTH CUT LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," t	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2
Enter new mailing address, if applicable:	HECH SE CONTROL OF THE CONTROL OF TH
(Mailing address MAY BE A POST OFFICE BOX)	
· · · · · · · · · · · · · · · · · · ·	ORDE 28
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	>
Name of New Registered Agent:	
New Registered Office Address:	
Enter	r Florida street address
	, Florida
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
	·		Change
		<u> </u>	Add
•		· 	□ Remove
			=
			☐ Change
			Add
		·	□ Remove
 .			☐ Add
			Change
			D I Add
			☐ Remove

<u>\</u>	JEARE AMENDING THE NAME OF OUR LLC.	
_	THE ONLY ONE CHANGE IS TO REMOVE THE JUMBER "]" AND EXCHANGE FOR THE LETT	
	JUMBER "] " AND EXCHANGE FOR THE LETT	EK
N	T".	
	THE NEW PHRASE IS SEVENTH"	
<u>. </u>	·	
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etive If the ent's	ate, if other than the date of filing:	oe lis
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the h day after the record is filed.	earl
	AUGUST 12 , 2016 JOI 2	
		and the second
	Signature of a member or authorized representative of a member	
-	TOTAL TOO PETON (POSSITION)	T
-	Typed or printed name of signee	

Filing Fee: \$25.00