# 117000002106

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
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Certified Copies	_ Certificates	of Status
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Special Instructions to		
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Office Use Only



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### **COVER LETTER**

SUBJECT:	DONTBLIN	K			
SUBJEC1;		Name of Limi	ited Liability Company	<del></del>	_
The enclosed	l Articles of A	mendment and fee(s) are sub-	nitted for filing.		
Please return	all correspon	dence concerning this matter t	to the following:		
		Chris Safi			
			Name of Person		<del></del>
		Sector7 VR			
			Firm/Company		<del></del>
		5161 Ellery Terrace			
			Address		_
		West Palm Beach, FL 3341	7		
			City/State and Zip Code		<del></del>
		chrissafi777@gmail.com	o be used for future annual re	nort notification	-
For further in	nformation cor	acerning this matter, please ca		port normeditoriy	
Chris Safi			954 263-	0501	
	Name of I	Person	Area Code	Daytime Telephone Numb	рег
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi sed) Certifi	Filing Fee, cate of Status & ed Copy nal copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2017

CHRIS SAFI 5161 ELLERY TERRACE WEST PALM BEACH, FL 33417

SUBJECT: DONTBLINK, LLC Ref. Number: L17000002106

2017 FEB 21 PM 3: 45

We have received your document for DONTBLINK, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 617A00002274

1/ FEB 21 PM 12: 32

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DONTBLINK, LLC.			
(Name of the Limi	(A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited I	Liability Compa	any were filed on January 3rd, 2017	and assigned
Florida document number L17000002106			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited l	iability company here:	
Sector7 VR, LLC.			
The new name must be distinguishable and contain the	words "Limited L	iability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	n/a	· 'm'
(Principal office address MUST BE A STREE	ET ADDRESS	2	
Enter now mailing address if annicables		n/a	FILE PARK B 21
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			PH MOD
			75 <u>22</u>
		-	<b>80</b> 5
B. If amending the registered agent and	l/or registered	d office address on our records, ent	er the name of the new
registered agent and/or the new registered of			
Name of New Registered Agent:	n/a		
New Registered Office Address:	n/a		
		Enter Florida street address	
	n/a	, Florida	n/a
		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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			☐ Change
n/a			Add
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n eff	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu	ant to 605	5.02
4	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ent's effective date on the Department of State's records.	ot be list	ed :
	in selective date on the Department of State's records.		
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rec	90th day after the record is filed.  Na  Signature of a member	17 F	er
rec	90th day after the record is filed.	17 FEB 2	er

Filing Fee: \$25.00

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