## 117000027603

(Re	equestor's Name)					
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PICK-UP	WAIT	MAIL				
(Bu	usiness Entity Nam	ne)				
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SHR	JECT: 7 Gable	es Development, LLC		
SUB	, <u> </u>	Name of Limi	ited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspo	ndence concerning this matter	to the following:	
		Sea	n J. Seely	
			Name of Person	
			Lynchard, Greene, & Seely, PLL	c ·
			Firm/Company	
		1901 Andorra	Street	
			Address	
			Navarre, Florida 32566	
			City/State and Zip Code	
			rvice@lynchard-greene.com to be used for future annual report notifi	ication)
For f	urther information co	oncerning this matter, please ca		
	Sean Seely		at ( 850 ) 936-9385	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	osed is a check for th	ne following amount:		
<b>23</b> \$	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

7 Gables Developme	ent, LLC		
(Name of the Limited (A	Liability Company as it now appe Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liab	ility Company were filed on _	February 3, 2017	and assigned
Florida document number L17000027603	·		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	e limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the	designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BC	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered offic		on our records,	enter the name of the ne
Name of New Registered Agent:		,	- <del> </del>
New Registered Office Address:	Enter F	lorida street address . Flori	25 AM 7
	City		Zip Code
New Registered Agent's Signature, if changing Reg	istered 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
AMBR	Michael D. Mueller	2567 Cove Road, Navarre, Florida 32566	
			☐ Remove
			Change
AMBR	Amanda L. Mueller	2567 Cove Road, Navarre, Florida 32566	Add
			☐ Remove
			☐ Change
AMBR	Daniel A. Tremblay	6806 Tidewater Drive, Navarre, Florida 32566	Add
			Ă Remove
			☐ Change
AMBR	Annette F. Tremblay	6806 Tidewater Drive, Navarre, Florida 32566	Add
			Ă Remove
			☐ Change
MGR	Michael D. Mueller	2657 Cove Road, Navarre, Florida 32566	<b>竺</b> Add
			☐ Remove
			Change
			Add
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			Change

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Note:	ive date, if other than ective date is listed, the dat If the date inserted in the	his block does	not meet the	applicable s	e of filing or n	ore than 90 d	(optional)	.) Pursi	uant to 6	605.0 istec
uocum	ene s'enective date on t	me Departmer	n of State 8 ft	ecords.						
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Page 3 of 3

Filing Fee: \$25.00