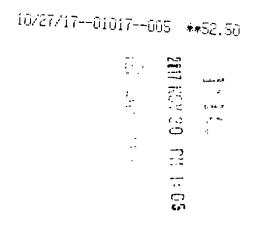
## L 170000 93406

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L

Office Use Only



300305011983



DECOLARIS

## **COVER LETTER**

~ ··

~,	ation Section of Corporations		
SUBJECT:	Four O seven	Management LIC	
30b31.C1	Name of Li	Management LLC imited Liability Company	
The enclosed Arti	icles of Amendment and fee(s) are su	ubmitted for filing.	
Please return all c	correspondence concerning this matte	er to the following:	
	T	Name of Person	
		Name of Person	
	four Ose	ven Manage ment Firm/Company	
		Firm/Company	
	6940	Sawgrass Dr.	
		Address	
	St. C.	loud, FL 34771 City/State and Zip Code	
	E-mail address	(to be used for future annual report notification)	
For further inform	nation concerning this matter, please	: call:	
Tim	Samuel Burson	at ( 321 ) 443 - 33 42  Area Code Daytime Telephone Number	<u></u>
	ivanic of reison	Area Code Dayante Pelephone Mandet	
England is a shape	eck for the following amount:		
□ \$25.00 Filing		☐ \$55.00 Filing Fee & ☐ \$60.00 Filing	g Fee.
	Certificate of Status	Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Co	of Status &
A 6 1 1	( \$ 57 50 has been	on Submitted previously (see letter	py is enclosed)
对 L neck	40 / 3 2.5 / HAT DOT	is a sound of the second of th	10/3///
	MAILING ADDRESS:	STREET/COURIER ADDRESS:	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
	P.O. Box 6327	Clifton Building 2661 Executive Center Circle	
	Tallahassee, FL 32314	Tallahassee, FL 32301	



October 31, 2017

TIM GROTH 6940 SAWGRASS DRIVE ST CLOUD, FL 34771

SUBJECT: FOUROSEVEN MANAGEMENT LLC

Ref. Number: L17000093406

We have received your document for FOUROSEVEN MANAGEMENT LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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: 417A00021966

ZULI NOV 39 AM (S. G.)

THOY SO PH H: 07

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Four O Seven M	lanagement	LLL		_	
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany a≰ it now appear ted Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Comparing document number	any were filed on	4/27/201	2 and	assigne	rd
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited l	liability company he	re:			
The new name must be distinguishable and contain the words "Limited L	iability Company," the de	esignation "LLC" or the	abbreviation	"L.L.C."	<del>, -</del>
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS	<u> </u>				
			···	2	<del></del>
Enter new mailing address, if applicable:				- KOV 2	11
	<del></del>			0	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)				<del></del>	
B. If amending the registered agent and/or registered	d office address on	our records, ente	r the nan	ne of	the nev
registered agent and/or the new registered office address		<u></u>			
	•				
Name of New Registered Agent:		<del></del>			
New Registered Office Address:	Enter Flor	ida street address			
		***			
	City	, Florida _	Zip Co	de	

## 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

mamending 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	Kate Wojeiechowski	710 Winston Dr	Add
		Seymour, TN 378	€5 MRemove
			Change
			□ Remove
			Change
			□ Remove
			Change
			🗆 Add
			□ Remove
			□ Change
	·		∧dd::
			€ Remôve
			Change
			□ Add
			Remove
			□ Change

ctive date, if other than the date of filing: (option	al)	
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file: If the date inserted in this block does not meet the applicable statutory filing requirements, this d	ing.) Purs late will t	suant to 605. not be liste
iment's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 12:01 a.r	m. on t	he earlie
ne 90th day after the record is filed.	:	22
		20 A 2N 1182
ed		-<- -<-
. 4 1		$\odot$
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		3.
Tim Groth Typed or printed name of signee		<del></del>

Page 3 of 3

Filing Fee: \$25.00