L18000128363

| (F | Requestor's Name) | |
|----------------------|-------------------------|--|
| (/ | Address) | |
| (/ | Address) | |
| (0 | City/State/Zip/Phone #) | |
| PICK-UP | WAIT MAIL | |
| | Business Entity Name) | |
| (1 | Document Number) | |
| Certified Copies | Certificates of Status | |
| Special Instructions | to Filing Officer: | |
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COVER LETTER

| Div | ision of Cor | porations | | |
|----------------|----------------|--|---|---|
| SUBJECT: | D7 Venture | | | |
| Songice 1. | | | ited Liability Company | |
| The enclosed | l Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspo | ndence concerning this matter | to the following: | |
| | | Amruth Sivalenka | | |
| | | | Name of Person | |
| | | D7 Ventures LLC | | |
| | | | Firm/Company | |
| | | 10126 Brandon Cir | | |
| | | | Address | |
| | | Orlando FL 32836 | | |
| | | animal males (Ourskan mars | City/State and Zip Code | |
| | | asivalenka@yahoo.com E-mail address: () | to be used for future annual report notifi | cation) |
| For further is | nformation c | oncerning this matter, please ca | · | |
| Amruth Siva | alenka | | at () 324-4107 Area Code Daytime | |
| | Name o | f Person | Area Code Daytine | Telephone Number |
| Enclosed is | i check for th | ne following amount: | | |
| ■ \$25.00 F | 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

TO:

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

| D7 Ventures LLC | | |
|--|--|---------------------------|
| (<u>Name of the Limited Liability Com</u> (A Florida Limite | pany as it now appears on our records.) d Liability Company) | |
| The Articles of Organization for this Limited Liability Compar | ny were filed on 05/22/2018 | and assigned |
| Florida document number L18000128363 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | ability company here: | |
| The new name must be distinguishable and contain the words "Limited Lia | bility Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | ····· | 18 |
| Principal office address MUST BE A STREET ADDRESS) | | TUL TUL |
| | _ | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | _ | <u>9 ε.Ε.</u> ω ε.ε. |
| Withing duaress WAT BE A TOST OFFICE BOX | | <u> </u> |
| | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he | | nter the name of the ne |
| egistered agent and/or the new registered office address in | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | _ |
| | Enter Florida street address | |
| | , Florid | |
| | 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> | Name | Address | Type of Action |
|--------------|-------------|-------------------|----------------|
| MBR | Sudha Kalva | 10126 Brandon Cir | |
| | | Orlando FL 32836 | ☐ Remove |
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| ative date if other than t | og data of filing: | | (ontio | anal) |
| etive date, if other than the effective date is listed, the date in eg. If the date inserted in this | nust be specific and cannot | he prior to date of filing | or more than 90 days after | filing.) Pursuant to 605.02 |
| ament's effective date on the | | | tining requirements, this | date will not be listed |
| | | | | |
| ecord specifies a delay ne 90th day after the re | | out not an effecti | ve time, at 12:01 a | .m. on the earlier |
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| July 6 ed | 2018 | · · · | Λ | |
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| | | or authorized represen | | |

Page 3 of 3

Filing Fee: \$25.00