## L18000158584

(Re	questor's Name)	
(Ada	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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18 SEP -7 PH 5: 42

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SEP 1 2 2018

## COVER LETTER

TO: Registration Sec Division of Corp			
	Y PLUS 7 LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of z	\mendment and fee(s) are sub	mitted for filling.	
Please return all correspon	nd moe concerning this matter	to the following:	
	PICHOWELL		
		Nurve of Person	<u> </u>
	HOWELL CPA GROUP		
	<u>.</u>	! ex Company	<del></del>
	aog w BALDWIS RD		
		Addres:	<del></del>
	AMA CITY FL 3240	5	
		City/State and Zip Code	
	AUTHN@HOWELLCPAC		
		to be used for future annual report no	filicati (i)
For further information co	oncorning this matter, please of	all:	
ERIC HOWELL		215-3093 at ()	
Name of	P.	Area Code Daytir	ne Telephone Number
Enclosed is a check for th	e f. " ving amount.		
■ \$25.00 Filing Fce	C + 00 Filing hee & + officate of Status	Certified Copy (additional copy is enclosed)	
	χC	STREET/COUR Registration Section Division of Corportion Building Clifton Building 2661 Executive Contains February 1	orations Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

18 SEP-7 PH 5: 4=

SECRETARISTEE, FLORIDA

INTEGRITY	S 7 LLC	- " LURIDA
	me of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization !	For this Limited Liability Company were filed on 6/25/18 and	assigned
Florida document number 1.13	8000158584	
This amendment is submitted	to amend the following:	
A. If amending name, ent	e new name of the limited liability company here:	
The new name must be distingui	nd contain the words "Lin-ited Liability Company," the designation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices .	a . (ress. if applicable:	<del></del>
(Principal office address M.)	BE A STREET ADDRESS)	<del></del>
		<del></del>
Enter new mailing addre	oplicable:	
(Mailing address MAY B?	ST OFFICE BOX)	<del>;</del>
		<u> </u>
B. If amending the real registered agent and/or the	ed agent and/or registered office address on our records, enter the nan y registered office address here:	e of the new
Name of New Park	s Linguis	
New Resistance		
11 =	Enter Florida su cer address	
	•	de
New Registered America St.	* If Canging Registered Agents	i
I hereby accept the appoint provisions of all statutes accept the obligations of being filed to man, in recompany has been notified.	of as registered agent and agree to act in this capacity. I further agree to co  it is reproper and complete performance of my duties, and I am familiar to  it is registered agent as provided for in Chapter 605, F.S. Or, if this do  in the registered office address, I hereby contain that the limited liat  it is refit to finis change.	with and ocument is

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 reco-

MGR = Manager AMBR = Authorized Me:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
OWNER	JOE NECITA	305 N MACARTHUR AVE	
		PANAMA CITY, FL 32491	Remove
			Change
			□ Add
			☐ Remove
			Change
			D Add
			Remove 7
			Change P 5:
			□ Remove
			Change
			□ Remove
			Change
			□ Add
		:	□ Remove
			Change

amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) .	1
_	<del></del>	
	<del></del>	
_		
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	15 6 15 6	7
		3
_	Sign of the state	'n
		) \
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ectiv	e date, if other than the date of filing: (optional)	
n effec	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as	/ (3 : th
	it's effective date on the Department of State's records.	
		_
reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier $\dot{\phi}$ 0th day after the record is filed.	i:
	0.00	
icd_	Hug al doll	
	Jan	
	Signature of a member or authorized representative of a member	
	//	

Page 3 of 3

Filing Fee: \$25.00