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COVER LETTER

TO: Registration of Division of Control of C	on Section f Corporations		
SUBJECT:	Seven +	ted Liability Company	<u>LLC</u>
The enclosed Articl	es of Amendment and fee(s) are subn	nitted for filing.	
Please return all cor	respondence concerning this matter t	o the following:	
	5	Jey 6. Lib	rado
	Seren	nity years,	LL
	3910	Spoonbill Address	Ave.
	O_x	City/State and Zip Code	
	E-mail address: (to	be used for future annual repo	ort notification)
	ion concerning this matter, please ca		
Sugen	G. Librardo	at (<u>407</u>)	968 715 E Daytime Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fo	ee □ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	☐ \$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**

Seven Limit	ed Liamlity Comp	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number <u>L 18000,200</u>		y were filed on 8/28/19	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited lial	bility company here:	
A/A			
The new name must be distinguishable and contain the v	vords "Limited Liab	ility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	NA	
(Principal office address MUST BE A STREE	T ADDRESS)		
			
Enter new mailing address, if applicable:		NIA	SEP 2
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		—
		<u>- </u>	
B. If amending the registered agent and registered agent and/or the new registered or			ယ် ြီး enter the name of the nev
Name of New Registered Agent:	_NIA_		
New Registered Office Address:	NIA		
		Enter Florida street address	
		, Flori	ida
New Registered Agent's Signature, if changing l	Namintary and A	City	Zip Code
aen registereu Agent 8 Signature, 11 enanging 1	xegistered Agent	i .	

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	Sugay G. Librado		
			Remove
			Change Change
AMBR	Brandon Librado		Add
		- 	Remove
			Change
AMBR	Daniel J. River		
			Remove
		<u> </u>	Change
			Add
			Remove
			□ Change
		<u> </u>	Remove
			Change
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Effective date, if oth Fan effective date is listen Note: If the date inser document's effective d	I, the date must be speci ted in this block does	ific and cannot be prior not meet the applic	to date of filing or more table statutory filing	(option te than 90 days after fit requirements, this d	ing \ Purspant to	605.0 lístec
e record specifies The 90th day aft	a delayed effect er the record is f	ive date, but no îled.	ot an effective tir	me, at 12:01 a.r	n. on the ea	arlier
Dated 50	ρ. 15t	h 201	8 In 1	د		

Page 3 of 3

Filing Fee: \$25.00