8/23/2021

Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ASLAN TAX SERVICES INC

Account Number : I20140000082 Phone : (305)644-9144 Fax Number : (786)477-5802

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 7G LLC

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COVER LETTER

	Registration Sec Division of Corp		•		
	7G LLC				
SUBJEC	.T:	Name of Limi	ted Liability Company		
The encl	osed Articles of a	Amendment and fee(s) are subt	nitted for filing.		
Please re	turn all correspo	ndence concerning this matter (to the following.		
		DALBIS MATOS			
			Name of Person	ANG.	200
		ASLAN TAX SERVICES	INC		₹ •
			Firm/Company		
		1770 WEST FLAGLER ST	STE 5	ω	
			Address		j Z
		MIAMI, FL 33135		SECRICAUG 23 PH 12: 40	`
			to be used for future annual report nour	ication)	
For furt	her information c	oncerning this matter, please c.	all.		
DALBI	S MATOS		305 644-9144 at ()		
	Name o	t Person	Area Code Dayum	Telephone Number	
Enclose	d is a check for th	ne following amount.			
■ \$25	i 00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional ropy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration 3 Division of C P.O. Box 632 Tallahassee,	Section Torporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7G LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) sted Lability Company)
The Articles of Organization for this Limited Liability Comp. Florida document number <u>L18000215302</u>	any were filed on 09/10/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited L	liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>
Enter new mailing address, it applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florido street address
	. Florida
	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 smending 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
AMBR	JUAN M SANCHEZ DE BRIGAR D	19571 WEATHERVANE WAY	∰Add
		LOXAHATCHEE, FL 33470	□Remove
			☐ Change
			□Add
			CRemove
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he record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the	
ord is file		
Dated _	August 23 / 2021	
	x for /	
	Signature of a member or authorized representative of a member	