# LIBOOTIZE49

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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	of Status
Special Instructions to F	Filing Officer:	
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Office Use Only



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## COVER LETTER

TO:	Registration Section Division of Corpor		*			
SUBJE	ест:7	Hills Cove Name of Limit	truction Ut			
The end	closed Articles of Am	endment and fee(s) are sub	mitted for filing.			
Please i	eturn all corresponde	nce concerning this matter	to the following:			
		Steve	M Rhode Name of Person	S		
		7 Hill	_	tion UC	· <u> </u>	
		2569-2	McElray S	of reall	i is	-11
		Tallahasse	e, F1 32	2310		
	-	7 hillsra E-mail address: (1	City/State and Zip Code	'am	78 A 8 40	
For furt	ther information conc	erning this matter, please ca	V	· · · · · · · · · · · · · · · · · · ·	C. W.	
	Steven Name of Pe	<u>Unodes</u>	at ( <u>&amp;&amp;O</u> ) Area Code	2641751 Daytime Telephone N		
Enclose	ed is a check for the fo	ollowing amount:				
<b>Ø</b> \$25	5.00 Filing Fee   1	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Ce losed) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy dditional 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

7 Hills Con	struction LLC
( <u>Name of the Limited Li</u> (A FI	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number <u>L1800027284</u>	ty Company were filed on 11/28/18 and assigned
This amendment is submitted to amend the followin	g:
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 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 A)	ODRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	2
R If amonding the registered agent and/or r	egistered office address on our records, enter the name of the new
registered agent and/or the new registered office	
Name of New Registered Agent:	
New Registered Office Address:	<u>;</u> 6
	Enter Florida 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 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
MC71	willam C. Sanders	2569-2 McElray St. Talkhasser F1, 32310	
		Talkhusser F1, 32310	Remove
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			Remove
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f amending any other information, enter change(s) here: (Attach add	auma sneets, y necessary.)
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	<u>; 5</u>
Effective date, if other than the date of filing:  f an effective date is listed, the date must be specific and cannot be prior to date of filing of Note:  If the date inserted in this block does not meet the applicable statutory fidocument's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605
e record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed.	re time, at 12:01 a.m. on the earlier
ated 6/26/19/	
dun	
Signature of a member or authorized representat	tive of a member
- /	

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Filing Fee: \$25.00