## 119000098843

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
6/12			

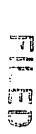
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May 2, 2019

NJERI-TINA RICHARDS SEVEN SOLUTIONS LLC 5131 E. PORTOFINO LANDINGS BLVD, #106 FORT PIERCE, FL 34947

SUBJECT: SEVEN SOLUTIONS LLC

Ref. Number: L19000098843

We have received your document for SEVEN SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You cannot remove Manager's on the Registered Agent Change form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 319A00008889

Stacy Prather Regulatory Specialist III

COVERLETTER STACY

TO:

Registration Section
Division of Corporations

SUBJECT: SEVEN SOLUTIONS (LC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	NJERI - TINA KICHARDS
	Name of Person
7:	SEVEN SOLUTIONS LLC
ċ,	Firm/Company
	5131 E Portofino Landings Blvd # 100
	Fort Pierce, FL 34947
	City/State and Zip Code  RICHAIZ DS TINA DICLOUD. Corry  E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Njeri-Tina Richards at (772) 618-5338
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status

☐ \$55.00 Filing Foe & Certified Copy (additional copy is enclosed)

☐ \$60,00 Filing Fee,
Certificate of Status &
Certified Copy
(\*\*dditional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tailahassee, 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

DIONN 6 PHW 17 iability Company as it now appears on our records.) Ionda Limited Liability Company) and assigned The Articles of Organization for this Limited Liability Company were filed on Florida document number \_ 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 comain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

## 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage,	e, enter the title, name, and address of each person b	eing added
or removed from our records:		

MGR = Max $AMBR = Auc$	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Amya Jean-Poix	5131 E Portafino Landing BIVD #106 Ft. Dierce, EC	<u>S</u> □ Add
		Ff. Dierce, FC	III Remove
			Change
MER	Myelah Jones	5131 E Portofino Landing	S_D Add
		BNZ # 104 Ft. Rierce, Fl 34947	11 Remove
			Change
			Ađd
			□ Remove
			D Change
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			Change
			D Add
			D Remove
			Change
			D Add
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Auach additional sheets, if necessary.)	)		
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E. Effective date, if other than the date of filing: 5-6-6-(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pu Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	rsuant to 60 I not be lis	05.0207 (3 sted as th	(/b) c
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on (b) The 90th day after the record is filed.	the earl	ier of:	
Dated			
	ā	2019 MAY	
Nieri - Tina Richards	TA WASER	4AY -6	
Typed or printed name of signee	<u> </u>	PH	<u> </u>
Page 3 of 3		<del>:</del>	
Filing Fee: \$25.00	FIE	7	