

L19000144012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

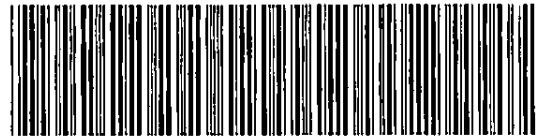
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

per agency
to update
(registered agent)
Address
Cmw
8/11/19

Office Use Only



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08/20/19--01001--003 **25.00

FILED
2019 AUG 20 PM 3:39
SECRET
TALLAHASSEE, FL

AUG 19 2019
C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TR7 PARTNERS LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

NANCY LEE AYRES

Name of Person

TR7 PARTNERS LLC

Firm/Company

20156 EAST PENNSYLVANIA AVENUE

Address

DUNNELLON, FLORIDA 34432

City/State and Zip Code

NANCYLEEAYRES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NANCY LEE AYRES

352 279-5058

at ()

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 Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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**

FILED
119 AUG 20 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FL

TR7 PARTNERS LLC

(Name 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 05/30/2019 and assigned
Florida document number L19000144012.

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 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)

20156 EAST PENNSYLVANIA AVENUE

DUNNELLON, FLORIDA 34432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20156 EAST PENNSYLVANIA AVENUE

DUNNELLON, FLORIDA 34432

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:

20156 E Pennsylvania Ave

Enter Florida street address

Dunnellon

City

Florida

34432

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	VINCENT ESPOSITO	3838 WEST LON LANE	<input type="checkbox"/> Add
		CITRUS SPRINGS, FLORIDA	<input checked="" type="checkbox"/> Remove
		34432	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Nantylges
Signature of a member or authorized representative of a member

Typed or printed name of signee