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COVER LETTER

DE IMPORT EXPORT LLC	<u> </u>		
Name of Limit	ed Liability Company		
nendment and fee(s) are subm	sitted for filing.		
ence concerning this matter to	the following:		
	-		
Dival Ramiro			
Diva Ramino	Name of Person		
	Figs/Company		
	1 intecompany		
840 Michigan Av SUITE I			
	Address		
M			
Miami Beach, 33139	City/State and Zip Code	- 	<u>_</u>
divalramiro@vahao.com			
E-mail address: (to	be used for future annual re	eport notification)	
erning this matter, please cal	1:		
rson	Area Code	Daytime Telepho	ne Number
ollowing amount:			
□ \$30.00 Filing Fee & Certificate of Status	Certified Copy		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Name of Limite nendment and fee(s) are submence concerning this matter to Dival Ramiro B40 Michigan Av SUITE 1 Miami Beach, 33139 divalramiro@yahoo.com E-mail address: (to erning this matter, please cal rison Dival Ramiro S30.00 Filing Fee &	Finn/Company 840 Michigan Av SUITE 1 Address Miami Beach, 33139 City/State and Zip Code divalramiro@yahoo.com E-mail address: (to be used for future annual reming this matter, please call: at (212) 786 Area Code ollowing amount: \$30.00 Filing Fee & Certified Copy	Name of Limited Liability Company mendment and fee(s) are submitted for filling. mee concerning this matter to the following: Dival Ramiro Name of Person Finn/Company 840 Michigan Av SUITE 1 Address Miami Beach, 33139 City/State and Zip Code divalramiro@yahoo.com E-mail address: (to be used for future annual report notification) erning this matter, please call: at (212) 786.2297 Area Code Daytime Telepho pollowing amount: \$\text{S30.00 Filling Fee & }\$\text{

Mailing Address:

TO:

Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVANT GARDE IMPORT EXP	ORT LLC		
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited I	Liability Company	were filed on March 20.2020	and assigned
This amendment is submitted to amend the fol	llowing:		
4. If amending name, enter the new name	•	ility company here:	
7 SEVEN LLC			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."
inter new principal offices address, if appli	icable:	7111 NW 74th Street	
Principal office address MUST BE A STRE	ET ADDRESS')	Medley, Florida	
		33166	
iter new mailing address, if applicable:		840 Michigan Av. Suite 1	٠ <u>٠</u>
failing address MAY BE A POST OFFICE	<u> (ΒΟλ</u>	Miami Beach, Fl 33139	- · · · · · · · · · · · · · · · · · · ·
		212.786.2297	
If amending the registered agent and/or	registered office a	address on our records, ente	r the name of the new registered
nt and/or the new registered office addre	ess here:		B: 10
Name of New Registered Agent:	Dival Ramiro		· ·
New Registered Office Address:	840 Michigan A	Av. Suite 1 Enter Florida street addre	255
	Miami Beach	, F	lorida 33139
		City	Zip Code

Registered Agent's Signature, if changing Registered Agent:

eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and at the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability any has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Dival Ramiro	840 Michigan Av, Suite 1 Miami Beach, Fl 33139	□Add
			□Remove
		Change the name.	\(\begin{align*}
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ve date, if other than the date of filing: 01.25.20	(optional)
If the date inserted in this block does not meet the ap	or or to date of filing or more than 90 days after filing.) Pursuant to 605.020 oplicable statutory filing requirements, this date will not be fisted a
ent's effective date on the Department of State's reco	oris.
1 16 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
d specifies a delayed effective date, but not an effective d.	vo time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
Jan 25 , 2021	
Signature of a member of a	authorized representative of a member
- -	•

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