L20 0000008256

(Red	questor's Name)	
(Ado	dress)	
- (Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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C. GOLDEN SER 2 0 2020 TO:

COVER LETTER

TO: Registration Se Division of Cor		•	,
	PLACE VENTURES, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	John K. Carter		
		Name of Person	
	John K. Carter Law, P.A.		
		Firm/Company	
	9500 Koger Blvd Stc. 11	2	
	·	Address	
	St. Petersburg, FL 33702		
		City/State and Zip Code	
	john@johnkcarterlaw.com E-mail address: (i	to be used for future annual report noti-	fication)
For further information c	oncerning this matter, please ca	·	,
John Carter		727 456-8970	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	[] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		<u>Street Address:</u> Registration Sc	ction
Division of C		Division of Cor	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2010111 30 11 8:34

Seventh Place Ventures, LLC			
(Name of the Lim	ited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited In Provide document number L20000008256	Liability Comp	pany were filed on 12/31/2019	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited	liability company here:	
√A			
The new name must be distinguishable and contain the	words "Limited 1	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STRE	ET ADDRES:	<u>S)</u>	
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or agent and/or the new registered office addr	ess here:	fice address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	
		, Flor	ida
		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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Jeanine Bedell	1633 Clearview Avenue	
		Clearwater, FL 33756	□ Remove
			□Change
			□Add
			□ Change
			□Remove
			□Change
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ffective date, if other than the an effective date is listed, the date in Note: If the date inserted in this locument's effective date on the	block does not i	nect the applicat	date of filing or role statutory filing	(option ore than 90 days after ag requirements, this	nal) filing.) Pursuant to 605 date will not be liste	.0207 (ed as i
record specifies a delayed effect d is filed.	ive date, but not	t an effective tim	e, at 12:01 a.m.	on the earlier of: (b)	The 90th day afte	r the
lated July 10.		2020	_ •			
DocuSigned by:						
	Signature of a	overske se se seste	zed representativ			
A09F/97F64154B9	orginatese of a	member or authori	ized representativ	or a member		

Filing Fee: \$25.00