

120000034307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

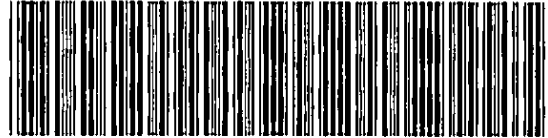
(Business Entity Name)

(Document Number)

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04/18/22--01037--006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 APR 18 AM 10:00

T. MATTHEWS

MAY 20 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SEVEN GREAT 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:

LILIANA CADAVID

Name of Person

EXODO USA LLC

Firm/Company

300 S. PINE ISLAND ROAD 2nd FLOOR - SUITE 201

Address

PLANTATION, FLORIDA, 33324

City/State and Zip Code

LCadavid@ExodoUSA.com

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

For further information concerning this matter, please call:

LILIANA CADAVID

305 772-3975
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 Address:

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

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TREASURY OF STATE
DIVISION OF CORPORATIONS

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THIS AMENDMENT IS SUBMITTED TO ALLOCATE THE PERCENTAGE OF PARTICIPATION

THAT THE MEMBERS HAVE IN THE LLC:

JOSE MANUEL SUAREZ 70%

MARIALEX CASTRO 30%

THE MEMBERS OF THE LLC HAVE THEIR PLACE OF RESIDENCE IN:

CALLE 4A No. 37-141 SANTA ISABEL, COLOMBIA (SOUTH AMERICA).

gerencia@empresasintegra.com

E. Effective date, if other than the date of filing: 04/13/2022 (optional)

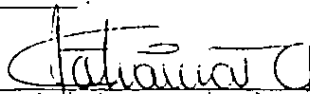
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated APRIL 13, 2022

I sign for



Signature of a member or authorized representative of a member

JOSE MANUEL SUAREZ

Typed or printed name of signee

Filing Fee: \$25.00