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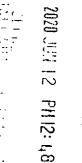
| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

Registration Section

TO:

| Division of Co | orporations | | |
|---------------------------|--|---|---|
| | TICES LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | of Amendment and fee(s) are sub | unitted for filino | |
| | | _ | |
| Please return all corresp | oondence concerning this matter | to the following: | |
| | KLEBER OLIVEIRA | | |
| | | Name of Person | |
| | CKO FINANCIAL GROU | Љ LLC | |
| | | Firm/Company | |
| | 1821 PLUMAS WAY | | |
| | | Address | |
| | ORLANDO, FL 32824 | | |
| | | City/State and Zip Code | |
| | ckofinancialservices@gma | | |
| | E-mail address: (| to be used for future annual report no | tification) |
| For further information | concerning this matter, please o | all: | |
| KLEBER OLIVEIRA | | 239 2347415 at () | |
| Name | of Person | Area Code Daytii | me Telephone Number |
| r | al Cu : | | |
| 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 radditional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | |
| Mailing Addre | | Street Address: | |
| Registration | | Registration Se | |
| P.O. Box 63 | Corporations | Division of Co | • |
| Tallahassee, | | The Centre of | Tallahassee De Street, Suite 810 |
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| F7 SERVICES LLC | | | |
|---|--------------------------------------|--|------------------------------------|
| (Name of the Lim | ited Liability Co (A Florida Limi | mpany as it now appears on our (ted Liability Company) | records.) |
| The Articles of Organization for this Limited 1 | liability Comp | any were filed on $\frac{03/03/2020}{1}$ | and assigned |
| lorida document number 1.20000070047 | | | |
| his amendment is submitted to amend the fol | lowing: | | |
| . If amending name, enter the new name of | of the limited l | liability company here: | |
| /a | | | |
| he new name must be distinguishable and contain the | words "Limited I. | iability Company," the designation | "LLC" or the abbreviation "L.L.C." |
| inter new principal offices address, if appli | cable: | n/a | 2020 JUII |
| (Principal office address MUST BE A STREET ADDRESS) | | 2 | |
| | | | 72 1 |
| | | | II |
| Enter new mailing address, if applicable: | | n/a | PH 12 |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | • • |
| If amending the registered agent and/or gent and/or the new registered office addre | | ce address on our records, <u>c</u> | enter the name of the new registe |
| Name of New Registered Agent: | n/a | | |
| New Registered Office Address: | | | |
| | | Enter Florida street e | uldress |
| | | | _, Florida |
| | | City | Zin 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------------|-----------------------|----------------|
| AMBR | LAZZURI, VIVIANE DUARTE | 12796 GARRIDAN AVENUE | □Add |
| | | WINDEMERE, FL 34786 | ■Remove |
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| ffective date, if other than the | date of filing: | | (ontional) | |
| ffective date, if other than the an effective date is listed, the date must | be specific and cannot be prio | r to date of filing or more th | an 90 days after filing.) Pursuant to 60 | 05.0207 (|
| Note: If the date inserted in this blo document's effective date on the De | ck does not meet the application partment of State's records | cable statutory filing req s. | uirements, this date will not be li | sted as t |
| | | | | |
| record specifies a delayed effective d is filed. | date, but not an effective t | ime, at 12:01 a.m. on the | e earlier of: (h) The 90th day af | ter the |
| | | | | |
| June 8th Dated | | · | | |
| | | | | |
| | | | | |
| - | Andre Rode | ugo Lazzuri | nember | |
| | Andre Rod Signature of a member or auth | urgo Lazzuru urized representative of a i | nember | |

Filing Fee: \$25.00