

L20000154370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

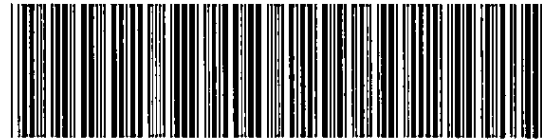
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Super Seven 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:

Hassan Rakine

Name of Person

Super Seven LLC

Firm/Company

2342 Thomas Street

Address

Hollywood FL 33020

City/State and Zip Code

lisagoblepa@gmail.com

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

For further information concerning this matter, please call:

Hassan Rakine

at

(954)

806-8716

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

ON *10/10/20*

(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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	HASSAN RAKINE	2342 THOMAS STREET	<input type="checkbox"/> Add
		HOLLYWOOD FL 33020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HASSAN RAKINE REVOCABLE	2342 THOMAS STREET	<input checked="" type="checkbox"/> Add
		HOLLYWOOD FL 33020	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALI RAKINE REVOCABLE TRU	2342 THOMAS STREET	<input checked="" type="checkbox"/> Add
		HOLLYWOOD FL 33020	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HUSSEIN RAKINE REVOCABLE	2342 THOMAS STREET	<input checked="" type="checkbox"/> Add
		HOLLYWOOD FL 33020	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SOHAIL MITHA REVOCABLE T	2342 THOMAS STREET	<input checked="" type="checkbox"/> Add
		HOLLYWOOD FL 33020	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: _____ (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 08/12, 2021



Signature of a member or authorized representative of a member

HASSAN RAKINE

Typed or printed name of signee