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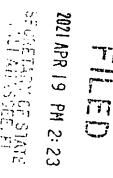
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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5/28/21

COVER LETTER

TO: Registration S Division of Co					
	n Flags LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Christopher Stuckey				
		Name of Person		21	
	One Nation Flags		<u>: :</u>	921 A	let
	-	Firm/Company		2 021 APR 19	enterna enterna enterna
	945 Michigan Ave, Unit 1		· · · · · · · · · · · · · · · · · · ·		
		Address	्रि जुल्	PH 2: 2	
	Miami Beach, FL 33139			: 23	
		City/State and Zip Code			
	chrislstuckey@gmail.com	to be used for future annual report notil	fication)		
For further information (concerning this matter, please c	•	,		
Christopher Stuckey		504 352 2362			
	of Person	at ()	e Telephone Number		
		·	•		
Enclosed is a check for t	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Contact (additional contact)	of Statu ppy	
Mailing Addre Registration Division of O P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations		
Tallahassee, FL 32314			e Street, Suite 810	I	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Ivalie of the Finited Diability Compa	ny as it now appears on our reco- dability Company)	<u>rds.</u>)	
			_ and assigned
ne Articles of Organization for this Limited Liability Company orida document number 1.20000239879	were filed on		_ and assigned
is amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liab	lity company here:		
ra State Seven LLC			
e new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L1	.C" or the abbre	iation "L.L.C."
nter new principal offices address, if applicable:	945 Michigan Ave, Unit 1	… … … に 子で	
rincipal office address MUST BE A STREET ADDRESS)	Miami Beach, FL 33139		_ Larente America
		の (水) で で) こ	
Enter new mailing address, if applicable:	945 Michigan Ave, Unit 1	1 2: 20 STATE	,
failing address MAY BE A POST OFFICE BOX)	Miami Beach, FL 33139		
		_	
	address on our records, <u>ente</u>	er the name o	of the new regi
ent and/or the new registered office address here: Name of New Registered Agent:	address on our records, ente	er the name o	of the new regi
ent and/or the new registered office address here:	address on our records, ente		of the new regi
	Enter Florida street addr		Of the new regin
Name of New Registered Agent:	Enter Florida street addr	COS	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
	·		□ Add
			Remove APR ☐ Change
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ective date, if other than t	he date of filing: hust be specific and cannot be prior to date		(optional)		
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rument's effective date on the	Department of State's records.				
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cord specifies a delayed effect s filed.	tive date, but not an effective time, at	12:01 a.m. on the earlier	of: (b) The	90th day a	Her the
ed	. 2021				
	Signature of a member or authorized f	~			
	hrus 2MCB	y	=	 _	

Typed or printed name of signee