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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
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COVER LETTER

TO: Registration So Division of Con		,	,			
Seven Mile	es LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Jerrard Miles					
		Name of Person				
	Seven Miles LLC					
		Firm/Company				
	1140 Kendall Town Blvd	Unit 6308				
		Address				
	Jacksonville FL 32225					
		City/State and Zip Co	ode			
	sevenmileslle@gmail.com					26
		to be used for future ann	mal report notificatio	n)		2021 JUE 28
For further information of	concerning this matter, please c	all:			· ·	<u> </u>
Jerrard Miles		904 at ()	891-0748			
Name o	of Person	Area Code	Daytime Tele	phone Number		P.3 2: 25
						7.2
Enclosed is a check for t	he following amount:				•	Ġ,
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting F Certified Copy (additional copy is	4	S60.00 Fill Certificat Certified (additional)	c of Stati Copy	
Mailing Addres Registration			t Address: istration Section			
Division of C			sion of Cornoral			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

pany as it now appears on our records.) I Liability Company)	
y were filed on November 3, 2020	and assigned
bility company here:	
oility Company," the designation "LLC" or	the abbreviation "L.L.C."
	202
	D.)
•	, co
1140 Kendall Town Blvd	
Unit 6308	. 2
Jacksonville FL 32225	C.
address on our records, <u>enter the</u>	name of the new registe
	<u> </u>
Enter Florida street address	
Floric	ls.
City	Ziv Code
	bility company here: bility Company," the designation "LLC" or 1140 Kendall Town Blvd Unit 6308 Jacksonville FL 32225 e address on our records, enter the

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, 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
AMBR	Delissa Powell	1140 Kendall Town Blvd	MAdd
		Unit 6308	□Remove
		Jacksonville FL 32225	
			□Add
			□Remove
			[] Change
		-	□Add
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Filing Fee: \$25.00