

LA 1000042077

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK UP    ☐ WAIT    ☐ MAIL

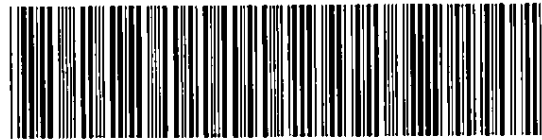
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/05/21--01002--018    \*\*25.00

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2021 MAY -5 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE FL 32311

R. WHITE  
MAY 04 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

7 WAYZ LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paxton D. Jackson

Name of Person

7 WAYZ LLC

Firm/Company

104 Dixie Drive

Address

Tallahassee, Florida 32304

City/State and Zip Code

The.re.al.pain@gmail.com

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

For further information concerning this matter, please call:

Paxton D. Jackson

Name of Person

at

850

Area Code

866-7141

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

7 Wayz LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/05/2021 and assigned Florida document number \_\_\_\_\_.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

104 Dixie Drive Apt. C  
Tallahassee, Florida  
32304

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

104 Dixie Drive Apt. C  
Tallahassee, Florida  
32304

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

City

\_\_\_\_\_, Zip 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, 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>	<u>Address</u>	<u>Type of Action</u>
CEO	Terence Hill	8960 Underwood Ave Apt. 101	<input type="checkbox"/> Add
		Omaha, Nebraska	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Paxton Jackson	104 Dixie Drive Apt. C	<input checked="" type="checkbox"/> Add
		Tallahassee, FL	<input type="checkbox"/> Remove
		32304	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

*[The page contains faint horizontal lines suggesting writing or scanning artifacts.]*

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.

Dated 05/05/2021

Paxton Jackson  
Typed or printed name of signee

**Filing Fee: \$25.00**