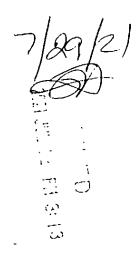


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COVER LETTER

TO: Registration So Division of Cor				
	ST VII, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	LOURDES ABALIA			
	· · · · · · · · · · · · · · · · · · ·	Name of Person	12. Tar v.	
	TAPANES LAW PA			
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	9155 S DADELAND BLA	7D. SUITE 1604		
		Address		
	MIAMI, FL 33156			
		City/State and Zip Code		
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please o	all;		
GIAMPAQLO GUARI	N()	305 299-4065 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he 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)	
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Sc	ection	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
r.O. Box 052 Tallahassee,			rananassee be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co.	mnany as it now appears on our r	ecords.)
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ted Liability Company)	
The Articles of Organization for this Limited Liability Comparison document number $\frac{1.21000281307}{1.21000281307}$	any were filed on 6/17/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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	2	
Enter new mailing address, if applicable: (Mailing address MAY <u>BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registered offi		enter the name of the new regist
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street e	uldress
		, 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>	Address	Type of Action
AMBR	GIAMPAOLO GUARINO	IAMPAOLO GUARINO 7425 SW 134TH STMIAMI, FL 33156-4000 UN Remove Change 176 ISLA DORADACORAL GABLES, FL 33143 Change THOLDINGS,LLC 176 ISLA DORADA BLVDCORAL GABLES, FL FL Add CRemove CM-FLORIDA PROPERTY MAY 7425 SW 134TH STMIAMI, FL 33156 Add Remove Change Change Change Change Change Change Change Change	
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AMBR	ANGEL NICOLAS		DAdd
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AMBR	NG HOLDINGS,LLC	176 ISLA DORADA BLVDCORAL GABLES, FL.	Fl. ■Add
			□Remove
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note:	ive date, if other than the date of filing:	7 (2 8 tł
e recor rd is fi	rd 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 led.	•
Dated	Jaly 7 2021	٦
	Signature of a member or authorized representative of a member	\
	Signature of a sternor, or a detorized representative of a friender	

Filing Fee: \$25.00