

6-Dec-2021 11:35

KAYALI FAX

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12/6/21, 2:23 PM

Division of Corporations

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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(((H21000444435 3)))



H21000444435ABC.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : KAYALI & CO., P.A.  
Account Number : 120160000100  
Phone : (813)899-9642  
Fax Number : (813)899-9793

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Info@cpa05k.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

7TH GEAR, LLC

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ALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

COVER LETTER H210004444353

SUBJECT: 7TH GEAR, LLC

Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Kayali & CO., P.A.

10530 N 56th St, Ste 205

## Temple Terrace

INFO@CPAOSK.COM

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

OSAMA KAYALI

813 8999642

at ( )

Name of Person

Area Code

Daytime Telephone Number

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Certificate of Status

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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

CALL SIGN: 101-040200A2-ED50-4000-A00E-70000D700000

# ARTICLES OF AMENDMENT H210004444353 TO ARTICLES OF ORGANIZATION OF

7TH GEAR, 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 06/17/2021 and assigned  
Florida document number L21000282851.

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)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX)

**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:**

<u>Name of New Registered Agent:</u>	DEYAA QATTUM
<u>New Registered Office Address:</u>	10730 N 56TH ST, STE 206N
	<i>Enter Florida street address</i>
	TEMPLE TERRACE, Florida 33517
	<i>City</i>

**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

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 TALLAHASSEE, FLORIDA  
 33517

DocuSign Envelope ID: 34D20D42-ED39-4400-A00E-7000B700B094

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H210004444353

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALAA-ELDEEN QATTUM	10730 N 56TH ST, STE 206N	<input type="checkbox"/> Add
		TEMPLE TERRACE, FL 33617	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DEYAA QATTUM	10730 N 56TH ST, STE 206N	<input checked="" type="checkbox"/> Add
		TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

H210004444353

[illegible]

**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 12-6, 2021

Typed or printed name of signee

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