

**L** **H210004444353** **1000282851**

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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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@cpa0sk.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

7TH GEAR, LLC

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TALLAHASSEE, FLORIDA

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COVER LETTER H210004444353

TO: Registration Section  
Division of Corporations

SUBJECT: 7TH GEAR, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Name of Person  
Kayali & CO., P.A.

Firm/Company

10530 N 56th St, Ste 205

Address

Temple Terrace

City/State and Zip Code

INFO@CPAOSK.COM

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

For further information concerning this matter, please call:

OSAMA KAYALI at ( 813 ) 8999642

Name of Person Area Code 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



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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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

00005111 Envelope ID: 64200A2-ED93-4400-A00E-700001000034

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. 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.

If the record 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 record is filed.

Dated 12-6, 2021

Handwritten signature

Signature of a member or authorized representative of a member

ALAA-ELDEEN QATTUM

Typed or printed name of signee

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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

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