

# L22000173038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

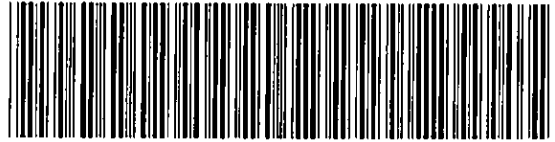
(Document Number)

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

Special Instructions to Filing Officer:

*NO\$*

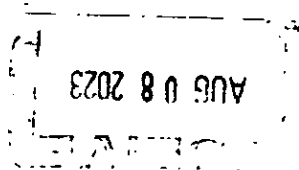
Office Use Only



800412157188

10/05/23--01004--002 \*\*25.00

FILED  
2023 OCT -2 AM 10:33  
STATE  
OF FLORIDA



*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 20, 2023

NAUSHAD WADHAVANIA  
CLUB OF 7'S LLC  
4110 BEE RIDGE ROAD  
SARASOTA, FL 34233 US

SUBJECT: CLUB OF 7'S LLC  
Ref. Number: L22000173038

We have received your document for CLUB OF 7'S LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez  
Regulatory Specialist II

Letter Number: 323A00019263

2023 OCT -2 AM 10:34

FILED

OCT 4 2023

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: CLUB OF 7'S 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:

Naushad Wadhavania

\_\_\_\_\_  
Name of Person

CLUB OF 7'S LLC

\_\_\_\_\_  
Firm/Company

4110 Bee Ridge Road

\_\_\_\_\_  
Address

Sarasota, FL 34233

\_\_\_\_\_  
City/State and Zip Code

wadhavania.naushad@gmail.com

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

For further information concerning this matter, please call:

Naushad Wadhavania

478

390-8439

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

2023 OCT -2 AM 10:34

FILED

AUG 08 2023

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

CLUB OF 7'S 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 04/11/2022 and assigned  
Florida document number L22000173038.

This amendment is submitted to amend the following:

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

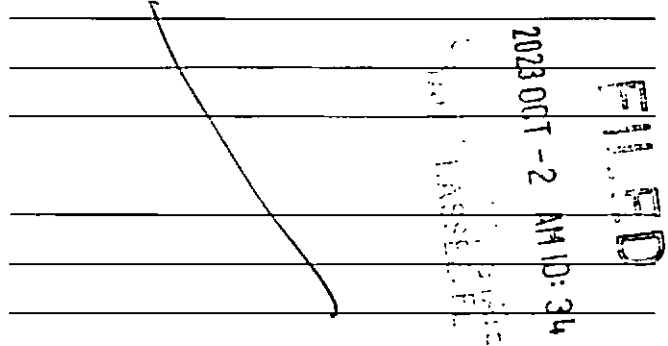
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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:**

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>
AMBR	BOGDAN CONSTANTINESCU	266 NE 200 TERRACE	<input type="checkbox"/> Add
		MIAMI, FL 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Naushad Wadhavania	4110 Bee Ridge Road	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34233	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sahail Charaniya	4110 Bee Ridge Road	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34233	<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

FILED  
2023 OCT -2 AM 10:38  
CLERK OF DISTRICT COURT  
SARASOTA, FL

2023 OCT -2 AM 10:34  
ALL INFORMATION

**FILED**

2023 OCT -2 AM 10:34

TALLAHASSEE, FL

(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)

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

08/03/2023

~~Signature of a member or authorized representative of a member~~

BOGDAN CONSTANTINESCU

Typed or printed name of signee

**Filing Fee: \$25.00**