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COVER LETTER

TO: Registration Section Division of Corporations	<u>^</u>	
SUBJECT: <u>Seven 4</u>	Name of Limited Liability Company	
The enclosed Articles of Amendment	and fee(s) are submitted for filing.	
Please return all correspondence conc	erning this matter to the following:	
	Name of Person	
H	Urael H. Merino PA	
_67	Al Drunge De B	22 OFT -3
.OCal	City/State and Zip Code	2 OCT -3 AM
<u>5</u> 20	drase merinolegal com	4: 55
For further information concerning th		
Michael H-N Name of Person	Merino at (GG4) 32/7701 Area Code Daytime Telephone Number	
Enclosed is a check for the following	amount:	
▼ \$25.00 Filing Fee	Filing Fee & S60.00 Filing Fee, ficate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporation	S Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sever	Short, L	LC			
(<u>Name</u>	of the Limited Liability Compan (A Florida Limited Li	y as it now appears on (ability Company)	our records.)		
The Articles of Organization for this	Limited Liability Company v	vere filed on		ınd assigi	ned
This amendment is submitted to am	end the following:				
A. If amending name, enter the n	ew name of the limited liabil	ity company here:			
The new name must be distinguishable and	contain the words "Limited Liabilit	y Company," the designa	ation "LLC" or the abbrevia	tion "L.L.C	2.1
Enter new principal offices addres	s, if applicable:			-N	
(Principal office address MUST BE	A STREET ADDRESS)			- <u>2</u>	<u> </u>
				_ _	[]
				င်္သ	
Enter new mailing address, if appl	icable:			<u>=</u>	<u>-: -: -: -: -: -: -: -: -: -: -: -: -: -</u>
(Mailing address MAY BE A POST	OFFICE BOX)			- E	·
				<u> </u>	:=
B. If amending the registered age agent and/or the new registered of		ldress on our record	ds, <u>enter the name of (</u>	he new r	egistered
Name of New Registered A	igent:				
New Registered Office Ad	dress:	Enter Florida st.	rest address		
		City	, Florida 	n Code	
New Registered Agent's Signature if	changing Registered Agent:				
I hereby accept the appointment a provisions of all statutes relative t accept the obligations of my positi being filed to merely reflect a char company has been notified in writ	o the proper and complete p on as registered agent as pr age in the registered office o	performance of my a covided for in Chap	luties, and I am famil ter 605, F.S. Or, if thi	iar with a s docum	and ent is

If Changing Registered Agent, Signature of New Registered Agent

	Authorized Person from our records:	(s) authorized to mai	nage, enter the title, name, and address of each	person being added
MGR = M $AMBR = A$	anager uthorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
MOR	Solid C	prelle	1309 Coffeen Ave Ste	<u>≥O</u> □Add
			Sherickin WY 82801	Remove
				□ Change
MOR	Solid Con	+Hodingsli	C 1309 Coffeen Ave	Add
			Steridan wy 528	□Remove
			Sheridan wy 528	<u>Ø</u> □Change
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	chaing any other miori	nation, enter change(s) here: (Attach additional sheets, if necessary.)	

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n ef ote:	If the date inserted in this	the date of filing:	605.020 listed a
	rd specifies a delayed effectiled.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
ted	September	30.203)	
		Signature of a member or authorized representative of a member	-
	1/1 (10)	2 H. Meins Typed or printed name of signee	
	MY (IN WAA	$f \in \mathcal{H}^{1}(\mathcal{O}(\mathcal{O}(\mathcal{H})))$	

Filing Fee: \$25.00