9/6/23, 1.53 PM

Division of Corporations

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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SEVEN SHORT, LLC

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COVER LETTER

	tegistration Section Division of Corporations
SUBJEC	Seven Short LLC T:
0 B., B.Ç.	Name of Limited Liability Company
The enclo	sed Articles of Amendment and fee(s) are submitted for filing.
Please ret	un all correspondence concerning this matter to the following:
	Michael Merino
	Name of Person
	Michael Merino PA
	Firm/Company
	6741 Orange Dr
	Address
	Davie, FL 33314
	City/State and Zip Code
	ricardolondono@aol.com
	E-mail address: (to be used for future amount report notification)
For furthe	information concerning this matter, please call:
Michael i	lerino 954 321-7701
	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

H23000311032

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Seven Short LLC		
(Name of the Limited Liability C (A Florida Lu	Company as it now appears on our record mited Liability Company)	<u>(,)</u>
The Articles of Organization for this Limited Liability Com Florida document number	npany were filed on 08/05/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "ELC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2000
Principal office address MUST BE A STREET ADDRES		
		1
Enter new mailing address, if applicable:		:
(Mailing address MAY BE A POST OFFICE BOX)		,
		<u></u>
3. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter	the name of the new register
the new registered office adoress here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	City , Flo	rida
New Registered Agent's Signature, if changing Registered A		,
hereby accept the appointment as registered agent and		they are a to comply with
provisions of all statutes relative to the proper and comp	plete performance of my duties, an	d Lam familiar with and
accept the obligati <mark>ons of my position as registered agen</mark>	it as provided for in Chapter 605, I	S. Or, if this document is
ving filed to merely reflect a change in the registered o	office address. I hereby confirm tha	t the limited liability

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

HIMOOF POR 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>	Name	Address	Type of Action
AP	Ricardo Londono	1750 N. Bayshore Dr Unit 1601 Miami, FL 33132	□Add
			□Remove
			🗏 Change
			🗆 Add
			IRemove
			🗆 Сћанде
			DAdd
			□Remove
			Change
***			[] Add
			□ Remove
			∐Change
			□Add
			GRomove
			DChange
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			□ Remove
			Change

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te: It the date inserted	than the dute of filing:	the applicable stat	f filing or more than autory filing requir	(optional) 90 days after tiling) Pur ements, this date will	rsuunt to 605.0 not be listed
cord specifies a detayed s filed.	d effective date, but not an ei	ffective (ime, at)	2:01 a.m. on the e	arliet of: (b) The 90	ith day after
ed					
	Ricardo Londo		totlocs verified 19113/23 2 24 AM EDT MM-UWGG-374 1 EN		
	Cheling and a Property		M(13/23 2 24 PM EDT		

Filing Fee: \$25.00