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COVER LETTER

TO:	Registration Section Division of Corporations	÷
SUBJE	T: Seven Lucky CHARMS LLC Name of Fimited Liability Company	
The en	osed Articles of Amendment and fee(s) are submitted for filing.	
Please	turn all correspondence concerning this matter to the following:	
	Flank Longb	
•	Sever Lucky Charms LLC	
	1551 NW 18 PL AVE D	
	Delany Beach Fla 33445	
	City/State and Zip Code Frank Ve.n.d. e. not mai. L. com E-mail address: (to be used for future annual report notification)	
For fur	er information concerning this matter, please call:	
/	Name of Person Name of Person)
17	is a check for the following amount: 00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing	
/	(additional copy is enclosed) Certified C	of Status & 'opy opy 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 Tailahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	Or	000	_
Seven Lucky 1	MARMS		30:07 13 All 9:02
(<u>Name of the Limited Ligbility Con</u> (A Florida Limit	npany as it now app ed Liability Compan		٠.,٠.
	, ,	1/2/2	· / (.
The Articles of Organization for this Limited Liability Compa	my were filed on	1/50/65	and assigned
Florida document number <u>122000 383554</u>		08/31/2022	!
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company	here:	
· N/A			
The new name must be distinguishable and contain the words "Limited Li	ability Company," th	ne designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	,		
(Principal office address MUST BE A STREET ADDRESS)	N/A		
ATTICIPAL UTILE ALIANTESS MUST BE A STREET ADDRESS			
		· · · · · · · · · · · · · · · · · · ·	
		,	
Enter new mailing address, if applicable:	- h/	<u>/</u>	
(Mailing address MAY BE A POST OFFICE BOX)		γ	
	-		,
B. If amending the registered agent and/or registered office	ce address on ou	r records, <u>enter the</u>	name of the new register
agent and/or the new registered office address here:			
i/))		
Name of New Registered Agent:	76		
New Registered Office Address:			
^	Enter	Florida street address	
		, Florid	s
	City	, 1 10114	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:		

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 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>	Address	Type of Action
AMBR	JAMES HUSTON	23 Whiting LN Capt House NJ 08210	ØAdd
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Yaathia data	e, if other than the date of filing: (optional)	
an effective date	te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant t	o 6 05.0207 (3
	ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be fective date on the Department of State's records.	e listed as the
cument s em	rective date on the Department of State's records.	
	the second of th	offer the
record specific is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	atter me
ated	$\frac{1}{2}$	
a.cu	1 01	
	Signature of a glember or authorized representative of a member	
	JENN / mak	
	FLAM (_ONG))	

Filing Fee: \$25.00