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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ITAX GROUP, LEC Account Number : I20140000115 Prione : (813)882-8426 Fax Number : (813)884-0263

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please. ** Email Address: COSTABUILDERSO19 @GMAIL. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SEVEN FLOORING LLC

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SEP 2 6 2022

COVER LETTER

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|------------------|--|---|---|------------------------------------|--|
| | gistration Section vision of Corporation | | | | |
| O), | vision of Corporation | ` † | | | |
| SUBJECT: | SEVEN FLOORING | LLC | | | |
| SUBJECT | | Name of Limi | ted Liability Company | | |
| | | • | | | |
| The enclose | d Articles of Amendm | ent and fee(s) are sub- | mitted for filing. | | |
| | n all correspondence c | | | | |
| r lease retur | n an correspondence | | _ | | |
| | OZE | AS BAHIA COSTA | | | |
| | | | Name of Person | | |
| | SEV | EN FLOORING LLC | | | |
| | | | Firm/Company | - | |
| | 1062 | 8 25TH ST | | | |
| | | i | Address | | |
| | TAM | PA, FL 33612 | | | |
| | | | City/State and Zip Code | : | |
| | COST | ABUILDERS019@C | | | |
| | <u></u> | E-mail address: (| to be used for future annua | report notification) | |
| For further | information concerning | g this matter, please c | all: | | |
| OZEAS BA | AHIA COSTA | l | 813 | 4491149 | |
| | Name of Person | | at () Area Code | Daytime Telephe | one Number |
| | | ļ | | | |
| Employed is | s a check for the follow | ing amount: | | | |
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| ≡ \$25.00 | | 0.00 Filing Fee & Certificate of Status | S55.00 Filing Fee Certified Copy (additional copy is or | | Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | | | · |
| | failing Address: Legistration Section | ! | | Address: tration Section | |
| D | Division of Corpora | tions | Divisi | on of Corporation | |
| | O. Box 6327 | 1.4 | - | entre of Tallaha | |
| Т | allahassee, FL 323 | 14 | | N. Monroe Stree assec, FL 32303 | |
| | | | | | |

р.3

iTax Services

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

| SEVEN FLOORING LLC | | | | _ | |
|---|--|--|----------------------------|--------------------|-----------------|
| (Name of the Limited Liability Compa (A Florida Limited L | ny as it now apne: Liability Company) | rs on our records.) | | | |
| The Articles of Organization for this Limited Liability Company | were filed on | 09/12/2022 | and | d assign | ned |
| lorida document number | _ | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited liab | ility company t | <u>iere</u> : | | | |
| SEVEN COSTA FLOORING LLC | | | | | |
| he new name must be distinguishable and contain the words "Limited Liabil | ity Company," the | designation "LLC" or the | ne abbreviatio | n "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) | | | | | |
| | | | _ == | - Res - | |
| • | | | 4 | 2022 | |
| B. If amending the registered agent and/or registered office | address on our | records, enter the | name.of the | e new r | <u>egistere</u> |
| agent and/or the new registered office address here: | | | <u> </u> | ည | ; |
| | | | :- |) | |
| Name of New Registered Agent: | | | | <u></u> | · |
| New Registered Office Address: | Frier F. | lorida street address | <u> </u> | 4- | |
| | ا ۱ اعالی | | | 0 | |
| : | Cin | , Florid: | | Code | <u></u> |
| New Registered Agent's Signature, if changing Registered Agent: | • | | | | |
| | | | y agraa ta | oom nls | . mich ch |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete | ree to act in thi r performance (| s capacity, 1 jurine. of my duties, and I | r agree to c am familia | .ompiy r with | and |
| accept the obligations of my position as registered agent as , | provided for in | Chapter 605, F.S. | Or, if this | docum | ent is |
| heing filed to merely reflect a change in the registered office | e address, I her | eby confirm that th | e limited li | ability | • |
| company has been notified in writing of this change. | | | | | |
| t . | | | | | |

If Changing Registered Agent, Signature of New Registered Agent

Remove

 $\Box \mathsf{Change}$

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| | amending Authorized Person(s) authorized to manage, enter the title, name removed from our records: | | | nd address of each person being | g adde |
| MGR = Manager AMBR = Authorized Member | | | | | |
| <u>Tițle</u> | <u>Name</u> | 1 | Address | Type of Act | <u>tion</u> |
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| Note: If the date | if other than the date of filing: is listed, the date must be specific and cannot be prior to date of filing inserted in this block does not meet the applicable statutor raive date on the Department of State's records. | (uptional) ng or more than 90 days after filing.) Pursuant to 605,020 y filing requirements, this date will not be listed as |
| | a delayed affective date that not an effective time of 12.01 | a.m. on the earlier of: (h) The 90th day after the |
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