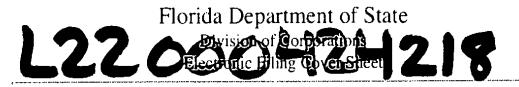
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SE7EN 23 LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SE7EN 23 LLC					
(Name of the Limit	ted Liability Compa (A Florida Limited	ny as it now appears on our re Liability Company)	cord <u>s.</u>)		
The Articles of Organization for this Limited L Florida document number L22000424218	iability Company	were filed on 10/26/2022	<u>.</u>	and assigned	d
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
N/A					
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "	LLC" or the al	obreviation "L.L.C."	-
Enter new principal offices address, if applic	able:	N/A			
(Principal office address MUST BE A STREE					
Enter new mailing address, if applicable:		18319 W. Dixie Highway,	Unit 206,		
(Mailing address MAY BE A POST OFFICE BOX)		Miami Beach, FL 33160			
B. If amending the registered agent and/or agent and/or the new registered office addre	ss here:	address on our records, <u>er</u>	iter the nan	ne of the new res	<u>eistered</u>
Name of New Registered Agent:	N/A			- 186 ਨ	
New Registered Office Address:		Enter Florida street ac		3	
		City	, Florida	Zip Code∞	- 100 (100) - 100 (100)
New Registered Agent's Signature, if changing	Registered Agent:	•		2	
I hereby accept the appointment as registere					

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>	Name	Address	Type of Action
N/A			DAdd
			□ Remove
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
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			Remove
			□ Change

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N/A				

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<u></u>				
				
Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	st be specific and cannot be priol lock does not meet the applie	cable statutory filing requ	(optional) in 90 days after filing.) Pursuant t direments, this date will not be	to 605.020 e listed as
e record specifies a delayed effecti rd is filed.	re date, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
Dated October 31	2022			
Amf		<u> </u>		
	Ci	norized representative of a n	ambre	_
	Signature of a member of aud	ionzed representante of a r	E MOCI	

Filing Fee: \$25.00