# L23000122113

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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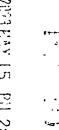
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5/8/2023 11:38 AM FROM: Office Depot #21 P. 1 / 4

### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: THE V7 GROUP LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Corporate Maintenance Lead				
		Name of Person			
	Address			:	
	Reno, NV 89502				
		City State and Zip Code			
	E-mail address: (	to be used for future annual report notif	ication)	-	
For further information c	concerning this matter, please c	aH·	1.10) TT:	רַ י	
Process	sing Department	ar(800 , 638-2320	îri -	4	
Name (	of Person		Telephone Number		
Enclosed is a check for t	he following amount:				
S25.00 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, Ft. 32314

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301 5/8/2023 11:38 AM FROM: Office Depot #21 P. 2 /

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	V7 GROUP, LLC  y Company as it now appears on our records.  Limited Liability Company)		
The Articles of Organization for this Limited Liability Co Florida document number L23000122113	ompany were filed on 03/08/23	and as	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limit	ted Laubility Company," the designation "LLC" or the a	bbreviation "I	L.C.''
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	ESS)		2
		; -	
Enter new mailing address, if applicable:		,	<u>ं</u> ज
(Mailing address MAY BE A POST OFFICE BOX)		\$100	<i>2</i> .
		严嵩	F
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ered office address on our records, <u>enter</u> ess here:	the name	of the new
Name of New Registered Agent:			
New Registered Office Address:	Liner Florida street address		
	Florida		
	Cin	Zip Code	

## New Registered Agent's Signature, if changing Registered Agent:

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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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
MGR_	DOMINIQUE WILLIAMS	401 East Jackson Street Suite 2340-G60 □ Add	
		Татра	
		FL, 33602	Change
MGR	DOMONIQUE WILLIAMS	401 East Jackson Street Suite 23	40-G60 ☑ Add
		Tampa	Remove
		FL, 33602	Change
			□ Remove
			☐ Remove
			□ Add □
			TO Remove
		<del> </del>	Change
		<del></del>	Add
			□ Remove
			☐ Change
			☐ Remove
			Change

Filing Fee: \$25.00

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