123000207540

(Requestor's Name)
(Address)
, ,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Estim Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

300415204433 LC Amena

> 99/11/23--01018--008 **25.00 FILED 200 OCT 30 PM 2: 16

> > A. RAMSEY NOV -6 2023

X00789,00524,00671



October 16, 2023

SERGEI CHERNIY 7TH PROJECT LLC 1985 S. OCEAN DR 20H HALLANDALE BEACH, FL 33009

SUBJECT: 7TH PROJECT LLC Ref. Number: L23000207540

We have received your document for 7TH PROJECT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please change your title on page 2 of the amendment form to MGR (manager), AMBR (authorized member) or AP (authorized person) instead of MR.

You failed to make the correction(s) requested in our previous letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey OPS

Letter Number: 823A00023958

001 30 2020

COVER LETTER

TO: Registrat Division of	ion Section of Corporations
7TH SUBJECT:	PROJECT LC
	Name of Limited Liability Company
	les of Amendment and fee(s) are submitted for filing.
riease return all co	rrespondence concerning this matter to the following:
	Sergei Cherniy
	Name of Person
	7TH Project LLC
	Firm/Company
	1985 S Ocean dr 20H
	Address
	Hallandale beach FL 33009
	City/State and Zip Code 2705sch@gmail.com
	E-mail address: (to be used for future annual report notification)
For further informat	ion concerning this matter, please call:
Sergey Cherniy	718 2132024 at ()
Na	ame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
■ \$25.00 Filing Fe	Certificate of Status Certificate of Status 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

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

FILED

7TH Project LLC		2023 O C	T 30 PH 2: 16
(Name of the Lin	ited Liability Company : (A Florida Limited Liab	is it now appears on our records.)	Mal Malar
The Articles of Organization for this Limited Florida document number L23000207540	Liability Company we	re filed on (04/25/2023	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability	company here:	
The new name must be distinguishable and contain the	words "Limited Liability (Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:		
(<u>Principal office address MUST BE A STRE</u>	<u>ET ADDRESS)</u>		
	_		
Enter new mailing address, if applicable:	_	- No	
(Mailing address MAY BE A POST OFFICE	<u> </u>	<u></u>	
	_		
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office add ess here:	ress on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:	Sergei Cherniy		
New Registered Office Address:			
		Enter Florida street address	
		E71 +	

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

City

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 Title Title Name | **Address** Type of Action Sergei Cherniy 1985 S Ocean dr 20H, Hallandale beach FL 33009 MGR ■Add ______ □Remove ______ □Remove ______ Change Remove

	<u> </u>				
	<u> </u>				
	· · · · · · · · · · · · · · · · · · ·				
					
-					
					
			 		
_ _			<u> </u>	-	·
					
				<u> </u>	-
					
	744				-
ive date, if other	than the date of filin	10:		(antianal)	
fective date is listed, the	than the date of filin	d cannot be prior to date of	filing or more than 90	days after filing.) Pars	uant to 605,0207 (3)(5)
ent's effective date	in this block does not a on the Department of S	State's records.	utory ming require	nents, this date will	not be listed as the
d specifies a delaye	ed effective date, but not	t an effective time, at 1	2:01 a.m. on the ear	lier of: (b) The 90t	h day after the
led.					
Incorpora 2					
10/23/2023		·			
		// //			
		15///			
	Signature of a	member of authorized rep	resentative of a memb	er	