L23000315146

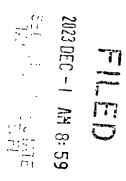
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Special Instructions to Filing Officer.
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Scuent Decor 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:
Casantra Surez- Name of Person
N A Firm/Company
5379 Lyons Road Suite 709,
COCONUT CREEK, F. L., 3307-3 City/State and Zip Code Casanura - n-xel 17 @ 9 mail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Casandra Suarca at (501) 223 - 0144. Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy 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

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Sevent	Decor	215	2023 <u>D</u> £	-C -1 111 0 -
(Name of the Limit	ed Liability Compar	ny as it now appears on hability Company)	our records.)	-II -1 -AH 8: 59
		ì		Slair
The Articles of Organization for this Limited Li	iability Company	were filed on <u>JUI</u>	4 03,20.	23 and assigned
Florida document number <u>L2300031</u>	5146.		,	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liabi	lity company here:		
Seven- Exp	ericoce	110.		
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the design	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or ragent and/or the new registered office address	· • ·	ddress on our reco	rds, <u>enter the na</u>	ime of the new registered
Name of New Registered Agent:				
New Registered Office Address:	5379	Enter Florida		
	Coconu	+ Creck	, Florida _	.3.30 7-3 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, 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
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			Change
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an cfl lote:	ive date, if other than the date of filing:
recor l is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	November 28 2023.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00

COVER LETTER

TO: Amendment Section Division of Corporations Devent Decor LLC L23000315146 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CUSANCIFA SUGTE 7
Name of Contact Person Lyons Road Suite 709 Address Coconut Creek, FL, 33073

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Casanara Suarea
Name of Contact Person at (56) 23-0144 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee _J\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

Hello I originally paid \$35 under the wrong document the correct document shows the fee as 825. I would like to request the difference Pack of \$10. Thank you,



November 6, 2023

CASANDRA SUAREZ 5379 LYONS ROAD SUITE 709 COCONUT CREEK, FL 33073

SUBJECT: SEVENT DECOR LLC Ref. Number: L23000315146

We have received your document for SEVENT DECOR LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 023A00025720

Anissa Butler Regulatory Specialist II

www.sunbiz.org