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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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2023 GCT 17 #811: 04 SECRET 17 #811: 04

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

YESHUA 'SUBJECT:	7 SERVICES LLC	
SOBJECT.	Name of Lim	ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	SANTOS CARDENAS ZA	APATA
		Name of Person
		Firm/Company
	6059 TRIUMPH LN W	
		Address
	JACKSONVILLE, FL 322	44
	santoscardenaszapatas@gm	City/State and Zip Code ail.com
	E-mail address: (
For further information c	oncerning this matter, please c	all:
SANTOS CARDENAS	ZAPATA	at ()
Name o	f Person	Area Code Daytime Telephone Number
Enclosed is a check for the	he following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address: Registration Section
-		-
P.O. Box 632	JACKSONVILLE, FL 32244 City/State and Zip Code santoscardenaszapatas@gmail.com E-mail address: (to be used for future annual report notification) Pormation concerning this matter, please call: RDENAS ZAPATA Sat (1) Area Code Daytime Telephone Number: Area Code Daytime Telephone Number: Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Registration Section Sion of Corporations Street Address: Registration Section Division of Corporations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ited Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)
• • •	and assigned
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lowing:	
of the limited liability company here	:
words "Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
cable:	2023 DCT
ET ADDRESS)	
	== <u>-</u>
BOX)	P P
•	ords, enter the name of the new registe
ess here:	
YILL PERERA DELGADO	
6059 TRIUMPH LN W	
Enter Florida	street address
	YILL PERERA DELGADO 6059 TRIUMPH LN W

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

JACKSONVILLE

If Changing Registered Agent, Signature of New Registered Agent

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
AMBR	YILL PERERA DELGADO	6059 TRIUMPN LN W	
		JACKSONVILLE, FL 32244	□Remove
			□Change
MGR	YILL PERERA DELGADO	6059 TRIUMPN LN W	
		JACKSONVILLE, FL 32244	■Remove
			□Change
		 	2023 OCT
			☐ Remove
			Change
			□Add
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cumen	it's effective date on the D	epartment of St	ate's records.				
record :	specifies a delayed effectiv 1.	e date, but not a	an effective tin	ne, at 12:01 a .	m. on the earlier	of: (b) The 90)th day after th
ited	OCTOBER 6	,	2023				
				- 10	•		
				>			

Typed or printed name of signee