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COVER LETTER

Div	ision of Corp	porations				
SUBJECT:	7TY7 Biz L	LC				
SUBJECT.		Name of Lim	ited Liability Company			
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
	*	Terry Yamin				
			Name of Person			
			Firm/Company			
		4110 NW 8TH ST				
			Address			
		Coconut Creek, FL 33066				
City/State and Zip Code						
		7ty7biz@gmail.com				
		E-mail address: (to be used for future annual report notif	ication)		
For further in	nformation co	oncerning this matter, please ca	all:			
Terry Yamii	1		954 8579836 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for th	e following amount:				
		☐ \$30.00 Filing Fee &	CSS 00 Eiling Eag &	\$60.00 Filing Fee,		
Lyr \$ 25.00 f	ning ree	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)		

TO:

Registration Section

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

7TY& Biz LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L24000110725	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
7TY7 Biz LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Cutan and maintain of the condition of annihilation		
Enter new principal offices address, if applicable:		-
Principal office address MUST BE A STREET ADDRESS)		
		
		<u></u>
Inter new mailing address, if applicable:		_ _ = = .
		(၃ ·
Mailing address MAY BE A POST OFFICE BOX)		protection of the second of th
		<u> </u>
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	<u></u>
	Enter Florida street address	
	, Florio	da
	Cuy	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 Changing Registered Agent, Signature of New Registered Agent

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ffective date, if other th	an the date of fili	ng:		(opti	
an effective date is listed, the content of the date inserted in					
ocument's effective date or			, -	•	
		an			
record specifies a delayed of his filed.	effective date, but no	ot an effective tin	ie, at 12:01 a.m. o	n the earlier of; (b) The 90th day after the
March 9th ated		2024	_ •		
		7			
	1	De F.	$\overline{}$		
	Signature of a	i member author	ized representative	of a member	

Filing Fee: \$25.00