

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

L24000269392

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.
Account Number : 120090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 7SALES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON
AUG - 1 2024

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7SALES LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/13/2024 and assigned Florida document number L24000269392

This amendment is submitted to amend the following:

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" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Form with lines for entering principal office address and a vertical stamp: SECRETARY OF STATE, TALLAHASSEE, FLORIDA, 2024 AUG -1 PM 12:15

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Line for entering Name of New Registered Agent

New Registered Office Address:

Line for entering New Registered Office Address

Enter Florida street address

Line for entering City, State, and Zip Code

City

Florida

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	GOENNEWIG, JAN	3833 POWERLINE RD SUITE 201	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NICOLIELLO, ADRIANO	3833 POWERLINE RD SUITE 201	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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