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D. HARRIS

COVER LETTER

	stration Sec ion of Corp				
SUBJECT: _	'annaccone	Ventures, LLC			
SOBJECT		Name of Limi	ted Liability Company		
The enclosed A	Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please return a	ill correspor	ndence concerning this matter t	o the following:		
		Joseph Yannaccone			
			Name of Person		
		Yannaccone Ventures, LLC	2		
Firm/Company					
		608 SW Cynthia Street			
		_	Address	· · · · · · · · · · · · · · · · · · ·	
		Port St Lucie, Fl 🚟 3	4983		
			City/State and Zip Code		
		syannaccone@gmail.com			
		E-mail address: (t	o be used for future annual report notific	cation)	
For further inf	formation co	oncerning this matter, please ca	ill:		
Sachi Yannac			772 913-1879 at () Daytime		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for th	e following amount:			
□ \$25.00 Fil	ling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yannaccone Ventures, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	iny as it now appears on our records Liability Company)	<u>.)</u>
ne Articles of Organization for this Limited Liability Company orida document number	were filed on 02/13/2008	and assigned
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	The state of the s
ter new principal offices address, if applicable:	608 SW Cynthia Street	6 A HA
incipal office address MUST BE A STREET ADDRESS)	Port St Lucie, Fl 34983	E 7
		2000 - 100
		and the second s
ter new mailing address, if applicable:	608 SW Cynthia Street	17 cs 6 6
ailing address MAY BE A POST OFFICE BOX)	Port St Lucie, Fl 34983	10/
-		
If amending the registered agent and/or registered of gistered agent and/or the new registered office address her Name of New Registered Agent:		, enter the name of the
New Registered Office Address:	Enter Florida street address	;
	Fla	orida
	, F10 City	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 = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			□ Remove
			Change
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fective date,	, if other than the	e date of filir	ng:			(optio	nal)	
an effective date lote: If the da	is listed, the date mu te inserted in this b	ist be specific ar lock does not	nd cannot be pr meet the app	ior to date of fili licable statutor	ng or more tha ry filing requ	n 90 days after f rements, this	iling.) Pursuar date will not	it to 605.020 be listed a
ocument's effe	ective date on the I	Department of	State's recor	ds.				
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e record spe The 90th d	July 26,		2016				j.>	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00