

L09000116776



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10/21/10--01015--018 **30.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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L. SELLERS
OCT 22 2010
EXAMINER

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10 OCT 21 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VENUE INDUSTRIES, 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:

CHARLES COURTER

Name of Person

VENUE INDUSTRIES, LLC

Firm/Company

701 S. HOWARD AVE SUITE 106

Address

TAMPA FL 33606

City/State and Zip Code

CHUCK@VENUECONSTRUCTION.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHUCK COURTER

Name of Person

at (813) 835-9566

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing 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

VENUE INDUSTRIES, 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 Dec 8 2009 and assigned Florida document number LO9000116776.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

701 S. HOWARD AVE
SUITE 106
TAMPA, FL 33606

Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

701 S. HOWARD AVE
SUITE 106
TAMPA FL 33606

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:

CHARLES COURTER

New Registered Office Address:

701 S. HOWARD AVE SUITE 206

Enter Florida street address

TAMPA

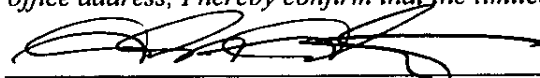
, Florida

City

10 OCT 2009
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED
PMB 33606
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	STEPHEN COURTER	3616 E. CLARK CIR TAMPA FL 33629	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CHARLES COURTER	710 S. HOWARD AVE SUITE 106 TAMPA FL 33606	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 10/18/2010

Signature of a member or authorized representative of a member

STEPHEN COURTER CHARLES COURTER

Typed or printed name of signee