

L12000060053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

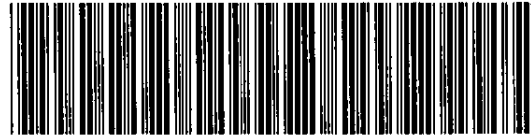
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

MAY 30 2012

EXAMINER



800234977308

05/16/12--01005--011 **25.00

12 MAY 16 AM 10:30

W12-27620
Sign



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2012

4TH VENTURE LLC
EDUARDO AIXALA
11481 SW 40 ST.
MIAMI, FL 33165

SUBJECT: 4TH VENTURE LLC
Ref. Number: L12000060053

12 MAY 16 AM 10:30
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for 4TH VENTURE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 912A00014607

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 4th Venture 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:

Eduardo Aixala

Name of Person

4th Venture LLC

Firm/Company

11481 SW 40 ST

Address

Miami FL 33165

City/State and Zip Code

eaixala@advaion.com

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

For further information concerning this matter, please call:

Eduardo Aixala

Name of Person

at (**305**) **600-9492**

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

12 MAY 16 AM 10:30

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

4th Venture LLC

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

12 MAY 16 AM 10:30

The Articles of Organization for this Limited Liability Company were filed on 4/30/2012 and assigned
Florida document number L12000060053.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Fourth Venture Group LLC

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)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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 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>
_____	_____	_____	<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

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Dated _____, _____.

/s/ EDUARDO AIXALA

Signature of a member or authorized representative of a member

Eduardo Aixala

Typed or printed name of signee