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JAN 1 4 2013

T. HAMPTON

COVER LETTER

	ration Secti on of Corpo				
	lueventur	e, LLC			
SUBJECT: _		Name of Limit	ed Liability Comp	oany	
The enclosed A	rticles of Ar	nendment and fee(s) are sub-	mitted for filing.		
Please return al	l correspond	ence concerning this matter	to the following:		
		Cara-Jenna Kroneng	old, Esq.		
			Name of Pers	on	
		Cara-Jenna Kroneng	old, P.A.		
			Firm/Compar	ıy	
		19950 W. Country Cl	ub Drive, Suit	te 900	
			Address		
		Aventura, FL 33180			
		ckronengold@nuovo	City/State and Zirgrup.com	Code	
		E-mail address: (to	be used for future	annual report notificati	on)
For further info	rmation con	cerning this matter, please ca	all:		
Cara-Jenna	Kroneng	jold	954 at (658-8101	
	Name of P	erson		ea Code & Daytime Te	lephone Number
Enclosed is a cl	neck for the	following amount:			
□ \$25,00 Filin	g Fee	■\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Certified C (additional		□\$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

Nueventure, LLC			
(Name of the Limite	d Liability Con	npany as it now appears on our recorded Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited I L1200007 Florida document number	Liability Comp	5/29/2012	and assigned
This amendment is submitted to amend the fol	llowing:		OCEROICAL OCEROICAL
A. If amending name, enter the new name	of the limited	liability company here:	= 75
Nueventures, LLC			52
The new name must be distinguishable and end w "L.L.C."	rith the words "I	Limited Liability Company," the designa	ation "LLC" or the abbreviation
Enter new principal offices address, if appli	icable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	N/A	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	_	_	
		, Flor	
		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 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 = 1	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	·	N/A (same parties)	Add
			Remove
			Add
			<u></u>
			Remove
			····
			Add
			Remove
			Add
			- - \$\frac{\P}{\P}_{\text{}}
			Remove
			Add
			: 57 :: 34 :: 34 :
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			Remove

N/A	
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anuary 9	2013
	· · · · · · · · · · · · · · · · · · ·
	Authorized Rep.
2	Signature of a member or authorized representative of a member
Cara-Jenna Krbr	iengola, Esq.
	Typed or printed name of signee
	Daga 2 of 2

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Filing Fee: \$25.00

BY IN II AM II: 52