

L13 0000079 206 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

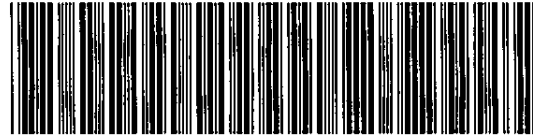
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/05/13--01006--002 **25.00

2013 DEC -5 PM 3:16
MAILING SERVICE

B. BOSTICK
DEC - 9 2013
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Venti Holdings II, 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:

David Rosenberg

Name of Person

David Rosenberg, P.L.

Firm/Company

1626 Ringling Blvd Flr. 5 Suite 500

Address

Sarasota, Florida 34236

City/State and Zip Code

david@dhrpl.com

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

For further information concerning this matter, please call:

David Rosenberg

Name of Person

941 361-1153

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

TALLAHASSEE, FL 32301
2013 DEC -5 PM 3:16

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

Venit Holdings II, 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 05/31/2013 and assigned Florida document number L13000079206.

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)

1990 Main Street Suite 750
Sarasota, FL 34236

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

1990 Main Street Suite 750
Sarasota, FL 34236

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:

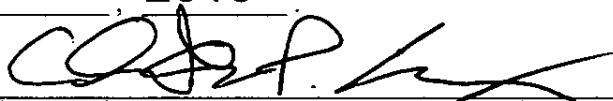
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jebco Ventures, Inc	202 N Tamiami Trail	<input type="checkbox"/> Add
		Sarasota, FL 34236	<input checked="" type="checkbox"/> Remove
MGRM	Clinton Paul Conway, LLC	1990 Main Street Suite 750	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34236	<input type="checkbox"/> Remove
MGRM	XTRAFunds, LLC	242 S. Washington Blvd PMB 360	<input type="checkbox"/> Add
		Sarasota, FL 34236	<input checked="" type="checkbox"/> Remove
MGRM	Richard H. Kingan	7135 261st Street East	<input checked="" type="checkbox"/> Add
		Myakka City, FL34251	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

FALL WINTER 2010

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

Dated **December 2** **2013**



Signature of a member or authorized representative of a member

Clinton Paul Conway

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLARK COUNTY, FLORIDA