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T. HAMPTON

COVER LETTER

Division of Corporations
SUBJECT: 1821-808 Venture, L.L.C." 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:
EliseA FRISHBERG Name of Person
Financial Media Global FLORIDA, LLC
1160 Kane Concourse # 204
BAY HARBOR ISLANDS, FL 33154 Elisea & The Mon fyman. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elisea FRIShberg at 305 606-82-81 Name of Person at 305 Coulour Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{\$\Bigcup \text{\$55.00 Filing Fee & Certified Copy- (additional copy is enclosed)}}\$\$ \text{\$\Bigcup \text{\$60.00 Filing Fee, Certified Copy- (additional copy is enclosed)}}\$\$ \text{\$\Bigcup \text{\$\Bigcup \text{\$60.00 Filing Fee, Certified Copy- (additional copy is enclosed)}}\$\$

Registration Section

TO:

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

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		Or		7.55 4.55 4.55	24	ो
$\frac{1821 - 808}{\text{(Name of the Limit)}}$	lytu ted Liability C (A Florida Lin	ompany as it now a	appears on our record	LEE, FLOR	PM 2: 4	D
The Articles of Organization for this Limited L Florida document number OOO 8	iability Com (<u>o 7 55</u> .	pany were filed o	on <u>5/29/</u>	2014	ഗ and assig	gned
This amendment is submitted to amend the foll-	owing:					
A. If amending name, enter the new name o	<u>f the limited</u>	liability compa	ny here:	·		
The new name must be distinguishable and end with the	words "Limited	d Liability Company	," the designation "LL	.C" or the abbrevi	ation "L.l	L.C."
Enter new principal offices address, if applic	able:	1160	Kane	on come	Soft	F204
(Principal office address MUST BE A STREE		5 20 7-1	MICROIR	DC) A	SAC	E,
					331	54
Enter new mailing address, if applicable:		11600 K	ane Con	Course	#2	04
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	Baylo	arBor	ESLAN 3:	1051 3150	#
B. If amending the registered agent and/ registered agent and/or the new registered of			ss on our record	s, enter the r	name_o	f the new
Name of New Registered Agent:	Elisei	A FRISI	+BPRG			
New Registered Office Address:	1160	Kane (MCOUVS er Florida street addres	<u> e#20</u>	14	
	BATI	arbor-	<u>PSLAMIS</u> , FI	lorida <u>3</u> Zip	Code	54

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.

T Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

	or Authorized Member on ou added or remoyed from our i	our records, <u>enter the title, na</u> records:	ame, and address	of each Manager	<u>or</u>
GR = Manager GBR = Authorized Mem	per				
e <u>Name</u>	A	Address	· #20	Type of Action	
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