## L00000013470

(Requestor's Name)					
(Address)					
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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

JUN 1 8 2009

EXAMINER

## **COVER LETTER**

Division of Co	rporations		
SUBJECT:	VENIR INTER	NATIONAL LLC ited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	JANET	No Ack Name of Person	
		Name of Person	
	NO Ack	Firm/Company	
		Firm/Company	
	12651 N1	ETRO Parkway, 540 2	2
		Address	
	FT. MI	1ers, FLA. 33966	
		City/State and Zip Code	<del>*************************************</del>
	broman;	Prs, FLA, 33966 City/State and Zip Code Fr @ gmail. Com to be used for future annual report notifical	
			non)
For further information	concerning this matter, please of	call:	
JANET	NOACK	at ( <u>239) 936 614</u> Area Code & Daytime T	14
Name	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for	the following amount:		
	•	□ <b>6</b> 88 00 EW E 0	<b></b>
<b>∑</b> \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

**Registration Section** 

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

AVENIR INTERNA	TIONAL LLC	
( <u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our recorded Liability Company)	<u>(s.</u> )
The Articles of Organization for this Limited Liability Compa	any were filed on	and assigned
Florida document number 2 00000013470		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		<b>60</b> S
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	SECR.
(Principal office address MOST BE A STREET ADDRESS,		- 95 T
		7 000 E
Enter new mailing address, if applicable:		F SI
(Mailing address MAY BE A POST OFFICE BOX)		<b>=</b> 35,
		r,
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		nter the name of the new
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida stre	et address
	, Flori	
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Bruce Roman	3304 E. Chelmsford eT Sarasata, FL. 34235	Add Remove
			Add Remove
<del></del>	<del> </del>		Add Remove
D. If amen	ding any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)	
_	· · · · · · · · · · · · · · · · · · ·		SECRETAR DIVISION OF C
			<u>`</u> _((
<del></del>			ED OFF STATE SRPORATIONS
Dated	6/13/	2009	ť'n
	To the second	6	
	<del>-</del>	ember or authorized representative of a member	<del></del>
	Beva	E Rom 4N Typed or printed name of signee	
		Typed of printed name of signee	

Page 2 of 2

Filing Fee: \$25.00