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DIVISION OF CORPORATIONS  
18 MAY 25 AM 8:19

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MAY 29 2018

## COVER LETTER

TO: - Registration Section  
Division of Corporations

SUBJECT: THE VENTURE GROUP 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:

J. WARREN ALLEN  
Name of Person

THE VENTURE GROUP L.L.C.  
Firm/Company

12139 MAPLE RIDGE DR  
Address

PARRISH FL 34219  
City/State and Zip Code

jwallen@tampabay.rr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J. WARREN ALLEN at ( 727 ) 480-3103  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 MAY 25 AM 8:19

THE VENTURE GROUP L.L.C.

(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 07/23/2001 and assigned  
Florida document number L01000012330.

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 contain 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**)

12139 MAPLE RIDGE DR.

PARRISH, FL 34219

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

12139 MAPLE RIDGE DR.

PARRISH, FL 34219

**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:

ALLEN, JAMES W.

New Registered Office Address:

12139 MAPLE RIDGE DR

Enter Florida street address

PARRISH

City

Florida

34219

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 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.

James W. Allen

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALLEN, JAMES W.	12139 MAPLE RIDGE DR.	<input checked="" type="checkbox"/> Add
		PARRISH, FL 34219	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WILLIAMS, DARRELL	694 GENEVA PLACE	<input type="checkbox"/> Add
		TAMPA, FL 33606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

MAY 22, 2018

James W. Allen  
Signature of a man

Signature of a member or authorized representative of a member

JAMES W. ALLEN

Typed or printed name of signee