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(Requestor's Name)						
(Ad	dress)					
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(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
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Certified Copies	Certificates	of Status				
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TRANSMITTAL LETTER

	istration Section - ision of Corporations -			
SUBJECT:	Venice Investments, LLC			
	(Name of Limited Liability Company)	-		
	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following:			
	Ira Price, Esq.			
	(Name of Person)			
	Ira B. Price, P.A.			
	(Firm'Company)			
	9100 S. Dadeland Blvd. # 1701			
	(Address)			•
	Miami, Florida 33156			
	(City/State and Zip Code)			
For further in	nformation concerning this matter, please call:	SECHE	04 SEP 15 PM 12: 5	
lra l	Priceat (305) 670 3030 X 1	SS:	5	
	(Name of Person) (Area Code & Daytime Telephone Num	[™] Ç	P	
		OR STA	$\dot{\omega}$	
	check for the following amount:	무대	56	
€ \$25,00 Fili	ng Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional co	Status &	æd)	

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: 2. The mailing address of the limited liability company is: 3389 Sheridan Street Hollywood, Florida 05/28/04 1. 04000040815 3. Date of filing/registration in Florida 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Collin Smith Name 3389 Sheridan Street # 248 Address Hollywood, Florida 33021 City, State and Zip 6. The name and address of the new registered agent and/or office: Candice Smith Name 3389 Sheridan Street # 248 Florida street address (P.O. Box NOT acceptable) Hollywood, Fl. 33021 City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote the members of the limited liability company as otherwise provided in the articles of organization of the operating agendment of the limited liability company. (Signature of a pulmer of a graphylized representative of a member) Candice Smith (Frinted or typed name of signee) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree comply with the provisions of all statutes relative to the proper and complete performance of my during add and an amount of the proper and complete performance of my during add and an amount of the proper and complete performance of my during add and an amount of the proper and complete performance of my during add and an amount of the proper and complete performance of my during add and an amount of the proper and complete performance of my during add and an amount of the proper and complete performance of my during add and an amount of the proper and complete performance	agent, or boin, in the Si	же ој ғлоғаа.			
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	Candice Smith				
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree 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 808 R.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby configuration the limited liability company has been notified in writing of this change. (Signature of Registered Accounts)	(Must N)	Antx	ed agent and agree to ative to the proper a tions of my position ing filed to merely re bility company has t	o act in this cap nd complete pe as registered a eflect a change been notified in	pacity. I further agree to erformance of my duties, igent as provided for in In the registered office writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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