## LD4000039447

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
·	•	,
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status ু :্ৰুডুুুুুুুুুুুুুুুুুুুুুুুুুুুুুুুুুুু
•	<del>_</del>	
<u> </u>		
Special Instructions to	Filing Officer:	
		İ

Office Use Only



100156815951

06/12/09--01075--009 \*\*25.00

TILE : 2009 JUN 12 PH 12: 55 SECRETARY OF STATE

T. CLINE
JUN 1 5 2009
EXAMINER

## **COVER LETTER**

то:	Registration S Division of Co						
SUBJE	ECT:	VENETIA	N CAPITAL LLC				
	,	Name of Limi	ited Liability Company				
The en	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please	return all corresp	ondence concerning this matter	to the following:				
			Fadia Bassi				
			Name of Person				
	Venetian Capital LLC						
Firm/Company							
	216 SW 29th Rd						
	Address						
			Miami, FL 33129		SEC	2009 JUN 12	
	City/State and Zip Code				RET AH/		
		fbas E-mail address: (	ssi@venetiancapital.net to be used for future annual report n	otification)	ARY SSE	2	
For fur	ther information	concerning this matter, please of	call:		SECRETARY OF STATE PALLAHASSEE, FLORIDA	PH 12: 55	(I)
	Ī	Fadia Bassi	at (_305_)	851-2027	AIE NO/	: 55	
Name of Person			time Telephone Number				
Enclose	ed 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 enclo	sed) Certified	e of Status		t)
	MAII	LING ADDRESS:	STREET/COU	URIER ADDRESS:			

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

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Venetian Capital LL	С	
( <u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited Liability Company were filed o	on06/09/09	and assigned
Florida document numberL06000039647		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	ny here:	
The new name must be distinguishable and end with the words "Limited Liability "L.L.C."	Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2009 SEC
		N 12 TARY TARY
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		∌≥ '-
		0 <sub>A</sub>
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	s on our records, <u>enter</u>	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 ac	ddress
	, Florida _	
City	, FIOLIUM _	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>	<u>Address</u>	Type of Action
MGRM	Omar David Baz	216 SW 29th Rd Miami, FL 33129	Add Remove
<u>MGRM</u>	Mercedes Holte	216 SW 29th Rd Miami, FL 33129	✓ Add ☐ Remove
MGRM	Fadia Bassi	216 SW 29th Rd Miami, FL 33129	Add  Remove
			Add Add Remove
			AHASSEB FLO
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necess	RepAve
	,		
 Dated	· · · · · · · · · · · · · · · · · · ·		
	Signature of ar	nember or authorized representative of a member	
		DIA BASSI (Registered Agent)	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00