

LDL 000039647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100156815951

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

FILED

2009 JUN 12 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JUN 15 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VENETIAN CAPITAL LLC
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:

Fadia Bassi

Name of Person

Venetian Capital LLC

Firm/Company

216 SW 29th Rd

Address

Miami, FL 33129

City/State and Zip Code

fbassi@venetiancapital.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fadia Bassi

Name of Person

at (305)

851-2027

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUN 12 PM 12:55

FILED

Enclosed 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 enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

Venetian Capital LLC

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

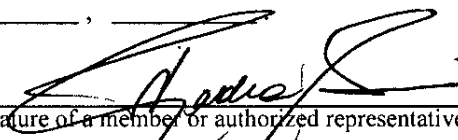
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Omar David Baz	216 SW 29th Rd Miami, FL 33129	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Mercedes Holte	216 SW 29th Rd Miami, FL 33129	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Fadia Bassi	216 SW 29th Rd Miami, FL 33129	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

2009 JUN 12 PM 12:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____,


 Signature of a member or authorized representative of a member
FADIA BASSI (Registered Agent)
 Typed or printed name of signee