

L06000049338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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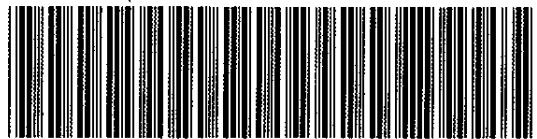
Special Instructions to Filing Officer:

**A. LUNT**

APR 24 2008

**EXAMINER**

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04/23/08--01027--001 \*\*25.00

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2008 APR 23 P 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NEW VENTURES 2006 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:

GRACE TESTA  
(Name of Person)

NEW VENTURES 2006, LLC.  
(Firm/Company)

654 Hibiscus Dr.  
(Address)

HALLANDALE BEACH, FL 33009  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

GRACE TESTA at (954) 562-9111  
(Name of Person) (Area Code & Daytime Telephone Number)

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

NEW VENTURES 2006, LLC

(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 5/12/2006 and assigned  
Florida document number LO6000049338

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NEW VENTURE 2008, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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:

New Registered Office Address:

(Enter Florida Street Address)

(City)

(Zip Code)

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2008 APR 23 3:40  
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TALLAHASSEE, FLORIDA

**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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

| Title     | Name            | Address                                            | Type of Action                                                             |
|-----------|-----------------|----------------------------------------------------|----------------------------------------------------------------------------|
| PRES./MGR | GRACE TESTA     | 654 HIBISCUS DR.<br>HALLANDALE BEACH<br>FL. 33009  | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| V.P./MGRM | RICHARD SCHLAIS | 654 HIBISCUS DR.<br>HALLANDALE BEACH,<br>FL. 33009 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|           |                 |                                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|           |                 |                                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|           |                 |                                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|           |                 |                                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

PRINCIPAL PLACE OF BUSINESS: 5331 SHERIDAN ST.  
Hollywood, FL. 33020  
MAILING ADDRESS: 654 HIBISCUS DR.  
HALLANDALE BEACH, FL. 33009

Dated APRIL 21, 2008.

Grace Testa

Signature of a member or authorized representative of a member

GRACE TESTA

Typed or printed name of signee