## 6000062015

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PICK-UP	WAIT	MAIL
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## **COVER LETTER**

TO: Registration Division of O	Section (Corporations		
Roberti SUBJECT:	Business Ventures, LLC		
30B0ECT.	Name of Limi	ited Liability Company	<del></del>
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
•	Jeffrey Roberti		
		Name of Person	
		Firm/Company	
	5379 Ocean Boulevard		
	Sarasota FL 34242	Address	
	Sarasta I E 54242	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information	n concerning this matter, please ca	all:	
Jeffre	y Roberti	at ( <u>941</u> ) 926-	Telephone Number
Nan	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	or 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

Roberti Business Ventures, LLC			
(Name of the Limi	ted Liability Company as it now a (A Florida Limited Liability Comp	opears on our records.) any)	
The Articles of Organization for this Limited L	n 6/16/2006	and assigned	
Florida document number L06000062015	· · · · · · · · · · · · · · · · · · ·		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability compar	ı <u>v here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
			- at ref
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
	<del></del>		SS T
B. If amending the registered agent and	or registered office addres	s on our records, enter t	he name of the nev
registered agent and/or the new registered of	omee address nere:		ESS SS
	Jeffrey Roberti		
Name of New Registered Agent:			
New Registered Office Address:	5379 Ocean Blvd		
	Ente	r Florida street address	
•	Sarasota	, Florida	42
	City		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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Name	Address	Type of Action
MGR	Gordon Hester	5379 Ocean Boulevard	
		Sarasota Florida 34242	Remove
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Filing Fee: \$25.00