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EXAMINER



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07/26/10--01011--029 **30.00

COVER LETTER

Division of Co	prporations			
SUBJECT:	G2 Proventures, LLC			
	Name of Limited Liability Company			
. •				
The enclosed Articles o	f Amendment and fee(s) are subn	nitted for filing.		
Please return all corresp	ondence concerning this matter to	o the following:		
	Steven A. Culbreath, Esq.			
•		Name of Person		
	Law Offices of Steven A. Culbreath, PA			
	-	Firm/Company		
	Plaza Tower, 111 2nd Ave NE, Suite 900			
A	Address			
·	St. I	Petersburg, FL 33701		
	City/State and Zip Code Steve@saculbreathlaw.com			
-				
•	E-mail address: (to	be used for future annual report notific	cation)	
For further information	concerning this matter, please cal	11:		
Steven	A. Culbreath, Esq.	at (727)	1 56-6463	
Name of Person		Area Code & Daytime		
.				
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

G2 Provent	tures, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on05/29/2007	and assigned
Florida document numberL0700056569		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limit" L.L.C."	ited Liability Company," the designation	on "LLC" or the abbreviatio
Enter new principal offices address, if applicable:	4309 Jaycox Road	An .
(Principal office address MUST BE A STREET ADDRESS)	Port Charlotte, FL 33953	CLARA III
Enter new mailing address, if applicable:	PO Box 380160	6 PH
(Mailing address MAY BE A POST OFFICE BOX)	Murdock, FL 33938	R: 00
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		ter the name of the nev
	Enter Florida street	address
	, Florida	
	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 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 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** <u>Name</u> **Address Type of Action** ☐ Add Remove Remove ☐ Add Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 23rd 2010 Dated Signature of a member or authorized representative of a member for Ralf Grünewald Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00