# L07000423798

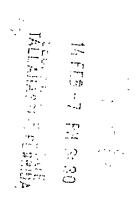
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J. Shavers FEB 1 1 2014



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 23, 2014

ISRAEL BEATO 8250 NW 25TH ST SUITE 1 DORAL, FL 33122

SUBJECT: VENEDOM-MIAMI, LLC

Ref. Number: L07000123798

We have received your document for VENEDOM-MIAMI, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 814A00001562

# **COVER LETTER**

TO: Registration Se Division of Cor		ty		
*****	VENEDOM-M	IIAMI,LLC		
SUBJECT:		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Israel Beato			
		Name of Person		
	Beato Pime	ntel & Associate	s P.A.	
	0050 No. 05	Firm/Company	La	
	8250 NW 25	th Street Suite #	:1	
		Address		
	Doral, FL. 3	3122		
		City/State and Zip Code		٤,٠
	beato@bpatax.co			$= \sum_{i \in \mathcal{I}_i} \sum_{j \in \mathcal{I}_i} \sum_{i \in \mathcal{I}_i} \sum_{j \in \mathcal{I}_i} \sum_$
	E-mail address: (	to be used for future annual report notif	fication)	5-1
For further information co	oncerning this matter, please c	all:		
Israel Beato	)	<sub>at</sub> 305 994-7	276	7.7
Name of	f Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

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

Venedom-Miami, LLC		
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L07000123798</u> .	any were filed on 12/11/2007	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
Venedom, LLC		
The new name must be distinguishable and end with the words "Limited L	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	1	
		াত ক্ষা ১৫০ ক্ষা লা হয়ে
Enter new mailing address, if applicable:		rija ⊶l Seria <del>-e</del> n dia
(Mailing address MAY BE A POST OFFICE BOX)		Light Control of the
and the second s		
		- 5
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>er</u> <u>iere</u> :	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	City	7in 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

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

<u>tle</u>	<u>Name</u>	Address	Type of Acti
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e date this document is filed	than the date of filing:  cific, cannot be prior to date of receipt or filed date and of by the Florida Department of State)  2014	(optional) annot be more than 90 days after
e date this document is filed	by the Florida Department of State)	
he date this document is filed	by the Florida Department of State)  2014  Signature of a member or authorized representations of the state o	

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