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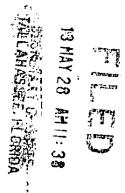
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### **COVER LETTER**

TO: · Registration Section
Division of Corporations

Venice Rentals and Property Management, 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:

# Cynthia Patton

à.,

Name of Person

Venice Rentals and Property Management, LLC

Firm/Company

2190 S. Tamiami Tr.

Address

Venice, Fl. 34293

City/State and Zip Code

venicerentalsandsales@gmail.com

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

For further information concerning this matter, please call:

## Cynthia Patton

*,,,*941,504-3359

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

Venice Rentals and Property Managen		
(Name of the Limited Liability Comp (A Florida Limited	p <mark>any as it now appears on our rec</mark> o Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compar Florida document number L0800046085		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
Venice Rentals And Sales, LLC		
The new name must be distinguishable and end with the words "Lin" L.L.C."	mited Liability Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		Fg 50
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		8 3
(Mailing address MAY BE A POST OFFICE BOX)		(A)
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he Name of New Registered Agent:  New Registered Office Address:		
	Flo	orida
<del></del>	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and agent the provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change	iplete performance of my duties s provided for in Chapter 608, I	, and I a mi r with and F.S. Or, d ument is

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>	Name	Address	Type of Action		
<del></del>			Add		
			Remove		
			·		
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		· · · · · · · · · · · · · · · · · · ·	Remove		

D. 'If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	,	
Dated	<u>5\25</u> , <u>2013</u> .	
	Signature of a member or authorized representative of a member	
	Cynthia Patton Typed or printed name of signee	

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Filing Fee: \$25.00