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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration ! Division of Co					
LTD CAI	PITAL VENTURES, LLC				
<u></u>	Name of Lit	mited Liability Company		- (%)	
The enclosed Articles o	of Amendment and fee(s) are sul	bmitted for filing.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Please return all corresp	oondence concerning this matter	r to the following:		م مر خ	
	Andra L Morgan			41	
		Name of Person			
LTD CAPITAL VENTURES, LLC					
		Firm/Company	·	_	
2180 20th st NW					
	<u> </u>				
	amorgan09@gmail.com	City/State and Zip Code		_	
Son Bright in Sight in the		to be used for future annual re	eport notification)		
	concerning this matter, please c	all:			
Andra L Morgan		863 412- at ()	4157		
Name o	of Person	Area Code	Daytime Telephone Numb	er	
inclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certifie	ate 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

LTD CAPITAL VENTURES, 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 Florida document number L09000044844		on 05/08/2009 and assigned and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability compa	ny here:
The new name must be distinguishable and contain the	words "Limited Liability Company.	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	E BOX)	
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered office addres office address here:	ss on our records, enter the name of the new
Name of New Registered Agent:	Andra L Morgan	
New Registered Office Address:	2180 20th st NW	
		r Florida street address
	Winter Haven	Florida 33881
	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.

Changing Registered Agent, Signature of New Registered Agent

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> MGR	<u>Name</u> Larry W Morgan	Address	Type of Action
		2180 20th st NW Winter Haven FL 33881	■ Remove
			Change
		-	Add
			Remove
			Change
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lt an effe	tive date, if other than the date of filing: [fective date is listed, the date must be specific and cannot be prior to the date in the da	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.0207
docume	nent's effective date on the Department of State's records.	ble statutory filing requirements, this date will not be listed as
e reco	cord specifies a delayed effective date, but not e 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of
Dated _	to/17/19.	
	Signature of a themper or author	izydrepresentative of a member

Page 3 of 3

Filing Fee: \$25.00