

LD90000063699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

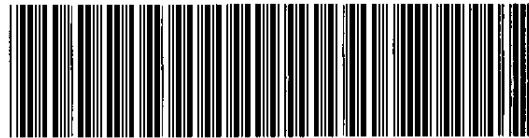
Special Instructions to Filing Officer:

L. SELLERS

SEP 21 2011

EXAMINER

Office Use Only



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FILING CANCELLED
RETURNED CHECK

09/19/11--01019--004 **30.00

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M SEP 19 PM 3:55
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SEP 19 2011
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orlando Ventures, 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:

William W. Howell, Jr.

Name of Person

Orlando Ventures, LLC

Firm/Company

8615 Commodity Circle, Suite 16

Address

Orlando, FL 32819

City/State and Zip Code

billhowell7@msn.com

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

For further information concerning this matter, please call:

William W. Howell, Jr.

Name of Person

at (321)

695-3740

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**

FILING CANCELLED
RETURNED CHECK

Orlando 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 Liability Company were filed on July 1, 2009 and assigned
Florida document number L09000063699.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability 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)

8615 Commodity Circle, Suite 16

Orlando, FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as Principal Office Address

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

William W. Howell, Jr.

New Registered Office Address:

8615 Commodity Circle, Suite 16

Enter Florida street address.

Orlando

Florida

City

32819

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.


Changing Registered Agent, Signature of New Registered Agent

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:

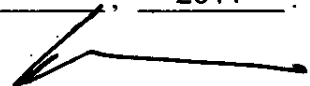
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	John S. Abbott	8615 Commodity Circle, Suite 16 Orlando, FL 32819	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	William W. Howell, Jr.	8615 Commodity Circle, Suite 16 Orlando, FL 32819	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	William W. Howell, Jr.	8615 Commodity Circle, Suite 16 Orlando, FL 32819	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated September 15, 2011



Signature of a member or authorized representative of a member

William W. Howell, Jr.

Typed or printed name of signee