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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Tean Venna LC 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:			
Tosk Willer Name of Person			
Team Venna LLC Firm/Company			
Firm/Company			
La Tomoka Place Address			
Address			
Swannerfield for 34491 City/State and Zip Code			
· · · · · · · · · · · · · · · · · · ·			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Person at (704) 239 - 2686 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Sofonon Filing Fee} & \text{Certified Copy} & \text{(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

09 AUG -7 AMII: 4:
SECRETARY OF STATE

Zip Code

Team Venna 11	SECRETORY OF
(Name of the Limited Liability Co. (A Florida Limit	mpany as it now appears on our records.) AHASSEE FLORIDA
The Articles of Organization for this Limited Liability Comp.	pany were filed on July 78 7009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member Title Name **Address** Type of Action MGRM Josh Miller Add Remove ___ Add Remove Add Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Christipher Swo(
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00