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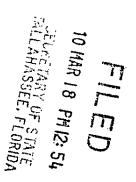
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D. BRUCE
MAR 19 2010
EXAMINER

## **COVER LETTER**

то:	Registration S Division of Co				
SUBJI	ECT:	Venus	Holdings LLC		
~			ited Liability Company		
The en	closed Articles of	f Amendment and fee(s) are sul	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
			Arturo E. Malave		
			Name of Person		
		,	Venus Holdings LLC		
			Firm/Company		1000
		250	00 Parkview Dr. Apt 610		
			Address		ASS.
		1	Hallandale, FL 33009		TAR 18 PHI
			City/State and Zip Code		750 H R
		artur E-mail address: (	o.malave.m@gmail.com to be used for future annual report not	ification)	ILED 18 PHIZ: 54 SEE. FLORIDA
For fur	ther information	concerning this matter, please of	call:		
	Art	uro E. Malave	at ( 954 )	3483553	
Name of Person		of Person	Area Code & Daytime Telephone Number		
Enclos	ed is a check for	the following amount:			
□\$25	i.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	te of Status &
	MAII	LING ADDRESS:	STREET/COUR	RIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Venus Holdi	ings LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	y <mark>as it now appea</mark> ability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company v	were filed on	02/25/2010	and assigned	
Florida document numberL10000021682				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company he	<u>re</u> :		
The new name must be distinguishable and end with the words "Limite 'L.L.C."	ed Liability Compa	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:		18	<b>3 3 3</b>	
Principal office address MUST BE A STREET ADDRESS)				
		<u> </u>	S 2 0 1	
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)		- DA	\$ D	
B. If amending the registered agent and/or registered office	ce address on	our records, enter t	he name of the ne	
registered agent and/or the new registered office address here:	:			
Name of New Registered Agent:				
New Registered Office Address:	<i>P</i>	don Florido adresado add		
	Enter Florida street address			
	City	, Florida	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.

If 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

Type of Action **Title** <u>Address</u> <u>Name</u> **MGRM** Redouane Chafei 2500 Parkview Dr. Apt 610 ✓ Add Hallandale, FL 33009 Remove ☐ 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.) March 17 2010 Dated \_\_\_\_ Signature of a member or authorized representative of a member Arturo E. Malave Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00