L11000001397

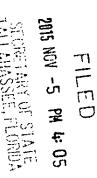
(Re	equestor's Name)
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PICK-UP	WAIT MAIL
(Ви	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor	ction porations		
CHD IEA		NTURES, LLC		
SUBJE	vI;	Name of Limi	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		ALON EZRA		
			Name of Person	
			Firm/Company	
		5451 MILLENIA LAKES	BOULEVARD, #407	
			Address	····
		ORLANDO, FL 32839		
			City/State and Zip Code	
		alondon12@hotmail.com		
		E-mail address: (to be used for future annual report notifi	cation)
For furt	her information c	oncerning this matter, please ca	all:	
ALON	EZRA		407 432-6478 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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

FILED

2015 NOV -5 PH 4: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Zıp Code

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B.S.D. VENTURES, LLC	
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L11000001397	y Company were filed on January 4, 2011 and assigned and assigned
This amendment is submitted to amend the following	y:
A. If amending name, enter the new name of the l	imited liability company here:
The new name must be distinguishable and contain the words " Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, enter the name of the new
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 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.

City

If 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>	<u>Name</u>	Address	Type of Action
MBR	VERED SASON	1911 RAFTON RD	
		APOPKA, FL 32703	□ Remove
		<u> </u>	Change
		•	Add
			☐ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Remove
			☐ Change

D. If ar	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an Note	ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to early the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be furnerly effective date on the Department of State's records.	605.0207 (3)(b) isted as the
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea he 90th day after the record is filed.	rlier of:
Date	ed 11/03/ 2015.	
	Signature of a member or authorized representative of a member ALON EZRA	
	Typed or printed name of signee	•

Page 3 of 3

Filing Fee: \$25.00