

L110000016148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

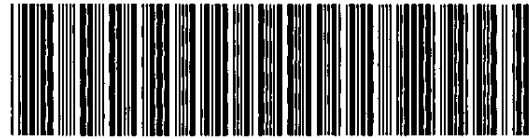
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300239356683

09/10/12--01023--002 **30.00

12 SEP 10 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

D. BRUCE

SEP 11 2012

EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: High Limit 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:

Debra Ramey

Name of Person

Firm/Company

2449 Bridge Road

Address

North Fort Myers, FL 33917

City/State and Zip Code

dkr02@embarqmail.com

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

For further information concerning this matter, please call:

Debra Ramey

Name of Person

at (239)

543-9097

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

12 SEP 10 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FL 32301

APPROVED
AND
FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HIGH LIMIT 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 February 8, 2011 and assigned Florida document number L11000016148.

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 "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)

2449 Bridge Road

North Fort Myers, FL 33917

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2449 Bridge Road

North Fort Myers, FL 33917

12 SEP 10 AM 11:36
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

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:

Debra Ramey

New Registered Office Address:

2449 Bridge Road

Enter Florida street address

North Fort Myers

, Florida

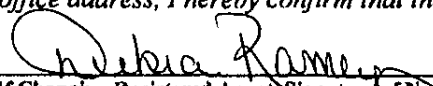
33917

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 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

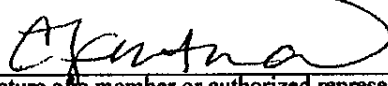
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Debra Ramey	2449 Bridge Road North Fort Myers, FL 33917	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Keith Ramey	2449 Bridge Road North Fort Myers, FL 33917	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Cecilia Ventura	690 Pondella Road North Fort Myers, FL 33903	<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 August 31, 2012



Signature of a member or authorized representative of a member

Cecilia Ventura

Typed or printed name of signee

12 SEP 10 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED