

211000079387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

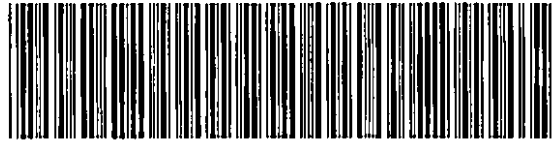
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 20 2018
S. YOUNG

FILED
18 OCT -4 PM 5:25
CLERK OF DISTRICT
CLERK OF DISTRICT
TALLAHASSEE, FLORIDA

Cover Letter

From Pegasus Ventures, LLC

9/27/2018

To Division of Corporations

Re: Name Change to – PEGASUV VENTURES GROUP, LLC, reinstatement tracking number CR0391925072

To whom it may concern,

My name is Oren Hon and I'm the manager for Pegasus Ventures, LLC, document number L11000079387. I've neglected to file correctly for several years and my company became inactive per your records (properly so), albeit the fact I've been working and paying the relevant taxes.

I request to change the name of the company from **Pegasus Ventures, LLC** to **Pegasus Ventures Group, LLC**.

Enclosed are three checks:

1. For the amount of \$100.00 for reinstatement fee
2. For the amount of \$693.75 for each year I didn't file an annual report
3. For the amount of \$30.000 filing fee and certificate of status.

Thank you in advance for your prompt handling. I can be reached at 305-409-6930 for any questions and please find attached the proper documents filled.

Sincerely,



Oren Hon

Pegasus Ventures Group, LLC

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18 OCT -4 PM 5:25
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pegasus 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:

Oren Hon

Name of Person

Pegasus Ventures

Firm/Company

2875 NE 191st St. Suite PH-2A

Address

Aventura, FL 33160

City/State and Zip Code

oren@bluearchcapital.com

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

For further information concerning this matter, please call:

Oren Hon

305

933-5222

at (_____) _____

Name of Person

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

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18 OCT -4 PM 5:25
TALLAHASSEE, FLORIDA

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

Pegasus Ventures, L.L.C.

(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 11, 2011 and assigned Florida document number L11000079387.

This amendment is submitted to amend the following:

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

Pegasus Ventures Group, LLC

The new name must be distinguishable and contain 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)

2875 NE 191st St

STE. PH-2A

Aventura, FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2875 NE 191st St

STE. PH-2A

Aventura, FL 33180

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:

New Registered Office Address:

2875 NE 191st St., STE. PH-2A

Enter Florida street address

Aventura

City

Florida 33180

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 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.

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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FILED
 JUN 4 2015
 TAMPA, FLORIDA

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

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ST. LOUIS, MO
FBI

E. Effective date, if other than the date of filing: 9/27/2018 (optional) 25
(If an 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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

9/27/22/18

Signature of a member or authorized representative of a member

Oren Hon

Typed or printed name of signee