

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617~6383

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OLD CHICAGO VENTURES, LLC

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B. BOSTICK

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COVER LETTER

TO:

Registration Section Division of Corporations

OLD CHICAGO 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:

PAUL J LANE

Name of Person

PAUL J LANE ESQ P.A.

Firm/Company

7880 N UNIVERSITY DR #200

Address

TAMARAC, FL 33321

City/State and Zip Code

PJLEGAL@HOTMAIL.COM

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

For further information concerning this matter, please call:

PAUL J LANE

f Verson

,954,718-2996

Ares Cod

Davtime Telephone Number

Enclosed is a check for the following amount:

25.00 Filing Pee

☐ \$30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is anclosed)

U \$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 Cliften Building 2661 Executive Center Circle Tullahassee, FL 32301 7:1

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OLD CHICAGO VENTURES, LLC

(Name of the United Liability Company at it now appears on our records.)

(A F	orida Limned Liability Company)			
The Articles of Organization for this Limited Liabilitionida document number L12000070774	ty Company were filed on 05/25/2012	an an	d assigned	i
This amendment is submitted to amend the following	3 :			
A. If amending name, enter the new same of the	limited liability company here:			
The new name must be distinguishable and end with the words	"Limited Limbility Company," the designation "LL	C" or the abbreviat	ion "L.T.C."	
Enter new principal offices address, if applicable:	****	·		·· ·
(Principal office address MUST BE A STREET AL	DDRESS)			
	ر المراجع المر		~~~~	
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	gistered office address on our records address here:	enter the pa	me of the	e tresy
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		15.0
New Registered Office Address:			<u></u>	
	Enter Florida street addres	,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	City Plo	orida		<u>_</u>
Now Roustered Agent's Signature, if changing Regist	-	ω	oce ,	> (
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	ent und agree to act in this capacity. I fid d complete performance of my duties, at d agent as provided for in Chapter 605, l tered office address, I hereby confirm the	ed I am familia F.S. Or, if this (with and locument	1 11
	If Changing Registered Agent, Signature o	New Registered	Ageni	
	Page 1 of 3			

PAGE 03/05

MGR = Manager AMBR = Authorized Member Address Type of Action Title Name 100 S.E. 3rd. Avenue Suite 2010 ■ Add RIGHT ANGLE LLC MGR Ft. Lauderdale, FL 33394 C Remove □ Add □ Add ___ D Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager of

Authorized Member being added or removed from our records:

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D. If amending any other information, enter change(s) here: (Attach additional sheets	, if hecessary.)
	_
	.,
	
E. Effective date, if other than the date of fliing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than the date this document is filed by the Florida Department of State)	_ (optional) 90 dsys effer
Dated June 18	
\$60 T)	
Signature of a member or authorized representative of a member	<u> </u>
Randy Anglin, representative of Member	
Typed or printed name of signed	

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Filing Fee: \$25.00

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