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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305)634-3694

Fax Number : (305)633-9696

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 6516 RE VENTURE, LLC.

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## **COVER LETTER**

Registration Section

División of Curpora	ious.		
SUBJECT:	RE VE	NTURE LLC.	
	Maine of Eille	med Liabinty Company	
The enclosed Articles of Amer	idment and fee(s) are su	abmitted for filing.	
Please return all correspondence		_	
_	MARIA	FELIPE DE NA Name of Person	VA-
		Firm/Company	The Blood of the Control of the Cont
	1240	NE 93 ST.	
	MIAMI	SHORES FL 33	138
		FELIPE AHOO.	COM lian)
For further information concern	sing this matter, please (	call:	
MARIA FEIRE	DE NAVA	a,7%,334-5	
Name of Perso	ti.	Area Code & Daytime T	elephone Number
Enclosed is a check for the follo	owing amount:		
\$25.00 Filing Fee	30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	560.00 Filing Fee, Certificate of States & Certified Copy (additional copy is enclosed)
MAILING A Registration of Division of C P.O. Box 632 Tatlahassea, I	Section orporations 7	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons r Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILE	_
12 HOV-0	9
TALLAHASSET OF O	49
TALLAHASSEE. FLORI	

_	FLOWE
6516 £	RE VENTURE U.C.
(Name of the Limited Life (A Fig.	ability Company as it now appears on our records.)
·	lity Company were filed on 08 16 2012 and assigned
This amendment is submitted to amend the following	ng:
A. If smending name, enter the new name of the	e Ilmited liability company here:
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	1240 NE 93 8T
(Principal office address MUST BE A STREET A	DDRESSI MIAMI SHORES FZ 33138
Enter new mailing address, if applicable:	1240 NE 93 ST
(Mailing address MAY BE A POST OFFICE BO)	1240 NE 93 ST NIAMI SHORES, FL 33138
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	MARIA FELIPE DE NAVA
New Registered Office Address:	1240 NE 93 ST.
	Enter Florida street address
_	MIAMI SHORES Plorida 33138
New Decisteral Amentis Signature 18 ab	City Zip Code
New Registered Agent's Signature, if changing Regis	ACCA ACCALL

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 assept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filled 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 Cashging Registered Agent, Signature of New Registered Agent

Page 1 of 2

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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 = Man MGRM = Ma	oger Inaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	PARTNERS, UC	6815 Biscame Blof#103-279	Add Remove
MGRM	MANTE NAVA	1240 NE 93 ST MIAMI SHORES, FL 33138	Add Remove
<u>Memere</u>	MARIA FELIPE DENAMA	1240 NE 93 ST MIAMI BINGES, E 33138	Add Remove
			Add Ramove
···			Add Remove
	,		Add Remove
D. If amendin	ig any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	_
			- -
	Oct. 22 201		<del></del> 
Dated	Harannia A. b. da	r authorized representative of a member	
	MARIA FELIPE	DE WAVA r printed name of signes	
		Page 2 of 2	

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EMPIRE CORP KIT

Filing Fee: \$25.00