L12000104487

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100270938131

03/24/15--01027--013 **250.00

15 MAR 24 PH 2: 04
SECRETARY OF STATE

APR 1 5 2015

T. HAMPTON

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: 2708 Venture 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:
Elisea FRISHBERG Name of Person Financial Media Global FLORIDA, LLC Firm/Company
1160 Kane Concourse # 204
BAY HARBOR IS LANDS, FLORIA 33154 Elisea @ The Monty Man. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elisea FRISHBPRG at (305) 606 8281 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status \$25.00 Filing Fee & Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF iability Company as it now appears on our records.) lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

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

Enter Florida street address

Florida

Zip Code

MGR = Ma AMBR = Au	nager' thorized Member			
Title AMBR	Name Elisea Frish	Address Berg 1160 Ka	ne Concourse	Type of Action BAYHARBOR DANG FL 33150 Remove
AMBR	Financial Media	Global Florida	LLC Surfside,	TO CHYMUS SI EXAdd 33159 Remove
MGRM	In VISTMO 88 SS Coll	nt Rental ING avenu	e, Surfside, PL	Add 3315 Y Remove
MGR- MGR-Shav	Repine, Co U Chris-5009	Atharine 1530 Penns 1530 Penns 11301 MV	ILVania allemel ami Beach, FL laire, TX 77401.	
MER SI	naw Korrny- Groves Asa	5009 Prive ST	rpet, Bellaire TX	Remove
		Miami F	TOVINA 331	Remove
		Page 2 of 3	LOR	j i O

If amending the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

ffective date, if other than the date of filing: the effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated Signature of a member or authorized representative of a member		1			
e effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after e date this document is filed by the Florida Department of State) ated			*****		· · · · · · · · · · · · · · · · · · ·
ted 2005 The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) The date this document is filed by the Florida Department of State) The date this document is filed by the Florida Department of State)					
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State) ed					
e effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after e date this document is filed by the Florida Department of State) ted					
e effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after e date this document is filed by the Florida Department of State) ated					
the effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Fated				1	
Elier Tishberg	he effective he date th	e date must be specific, o	cannot be prior to date of recei	pt or filed date and cannot be m	
	ated	<u> </u>	(0-0 (3	······································	
		1		111	
Signature of a member or authorized representative of a member		Ju	ur jo	1000	
		f-11	Signature of a member of	r authorized representative of a	member

Page 3 of 3

Filing Fee: \$25.00

15 MAR 24 PH 2: 04
SECRETARY OF STATE