

L12000104487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

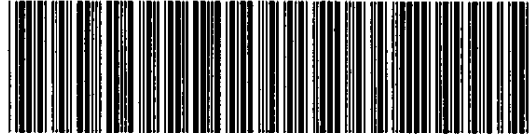
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

APR 15 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

FinanciaMedia GLOBAL FLORIDA, LLC
Firm/Company

1160 Kane Concourse # 204
Address

BAY HARBOR ISLANDS, FLORIDA 33154
City/State and Zip Code

Elisea@themonyman.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elisea FRISHBERG at (305) 606 8281
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2708 Venture LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/14/2012 and signed
Florida document number L12000104487

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)

1160 Kane Concourse #204
Bay Harbor Islands, FL
33154

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1160 Kane Concourse #204
Bay Harbor Islands, FL
33154

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: _____

Enter Florida street address

_____, Florida _____

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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	Elisea FRISHBERG	1160 Kane Concourse #204 BAYHARBOR ISLANDS FL 33154	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Financial Media GLOBAL FLORIDA, LLC	8855 Collins Avenue SB Surfside, FL 33154	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Investment Rental	8855 Collins Avenue, Surfside, FL 33154	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Repine, Catharine	1530 Pennsylvania Avenue 33139	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Shaw Chris	5009 Pine Street, Bellaire, TX 77401	<input checked="" type="checkbox"/> Remove
MGR	Shaw Kathy	5009 Pine Street, Bellaire TX 77401	<input checked="" type="checkbox"/> Remove
MGR	Groves ASA	14910 S.W. 92 COURT Miami, Florida 33158	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(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

3/20/2015

Elisea Frishberg

Signature of a member or authorized representative of a member

ELISEA FRISHBERG

Typed or printed name of signee

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TALLAHASSEE, FLORIDA