L13000008904

(Requ	uestor's Name)
(Addr	ess)	
(102)	555,	
(Addr	ess)	
(City/	State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
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(Docu	ıment Number)
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02/15/13--01014--011 **25.00

2013 FEB IS AM II: 29 SECRETARY OF STATE

COVER LETTER

SUBJECT: FLORANDA 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:	
Walter Schneider	
Name of Person	
SCHNEIDER REALTY LLC	
Firm/Company	
1250 South Pine Island Road, Suite 500	
Address	
Plantation, Florida 33324	
City/State and Zip Code	
wbschneider71@comcast.net	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Walter Schneider at (954)815-3570	
Name of Person Area Code & Daytime Telephone Number	_
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ \text{Certificate of Status}\$\$ \text{Certified Copy} \text{(additional copy is enclosed)}\$\$ \text{Certified Copy} \text{(additional copy is enclosed)}\$\$	Status &

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**

FILED

11.71

OF

2013 FEB 15 AM II: 29

FLORANDA VENTURE LLC

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(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 L Florida document number L13000008904	iability Company	were filed on 01/	17/2013	and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	f the limited liab	ility company her	<u>'e</u> :	
The new name must be distinguishable and end wi'L.L.C."	th the words "Limi	ited Liability Compa	iny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applic	cable:	c/o SCHNEID	DER REALTY LLC	
Principal office address MUST BE A STREI	ET ADDRESS)	1250 S Pine Island Road, Suite 500		
-		Plantation, Fl	orida 33324	
Enter new mailing address, if applicable:		c/o SCHNEID	ER REALTY LLC	
Mailing address MAY BE A POST OFFICE	BOX)	1250 S Pine Island Road, Suite 500		
•		Plantation, Flo	orida 33324	
B. If amending the registered agent and/ registered agent and/or the new registered o Name of New Registered Agent:		<u>e</u> :	our records, <u>enter th</u>	ne name of the new
Nov. Posistand Office Address	1250 South	Pine Island Ro	ad Suite 500	
New Registered Office Address:			ter Florida street addr	ess
	Plantation		, Florida <u>33</u> 3	324
		City	, rioitua <u></u>	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	<u>.</u>		

 $^{\circ}$ 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 608, 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 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 = Manager MGRM'= Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM_	Pavlo Joannou	4009 NE 5th Terrace	Add
		Oakland Park, FL 33334	Remove
MGRM_	John T. Connelly, Jr.	60 NW 60th Street	Add
		Fort Lauderdale, FL 33309	Remove
			Add
		**************************************	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
1	
ed	February 12 , 2013. Walk Schneids
	Signature of a member or authorized representative of a member
	Walter Schneider, Managing Member
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2018 FEB 15 AN II: 28