

L130000 10855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

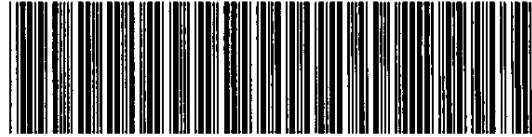
(Business Entity Name)

(Document Number)

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16 AUG -4 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 04 2016  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A1 Dew Foo  
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:

Peter Ventrone  
Name of Person

Firm/Company

3422 Del Prado Blvd  
Address

Cape Coral FL 33909  
City/State and Zip Code

gate ways 1998a@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

P. Ventrone at ( 718 ) 873 4578  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 11, 2016

PETER P VENTRICE  
2745 FIRST STREET, UNIT 2401  
FORT MYERS, FL 33916

SUBJECT: AIDEN FOO, LLC  
Ref. Number: L13000010855

2016 AUG -4 PM 12:14  
TALLAHASSEE, FLORIDA

We have received your document for AIDEN FOO, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please include the changes that are being made on application.

The entity's date of incorporation/organization must be listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 716A00013443

(200) 245-6950

16 AUG -4 PM 2:11  
SECRET  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 27, 2016

PETER P VENTRICE  
2745 FIRST STREET, UNIT 2401  
FORT MYERS, FL 33916

SUBJECT: AIDEN FOO, LLC  
Ref. Number: L13000010855

2016 JUL 11 PM 2:00  
TALLAHASSEE, FLORIDA

We have received your document for AIDEN FOO, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 716A00013443

2016 AUG 4 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Aiden Foo, LLC

(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 Liability Company were filed on JAN. 22, 2013 and assigned Florida document number L13000010855.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:

PETER P. VENTRICE

New Registered Office Address:

2745 FIRST STREET, UNIT 2401

Enter Florida street address

FT. MYERS

City

Florida

33916

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.*

Peter Ventrice

If Changing Registered Agent, Signature of New Registered Agent

7/27/16

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
VP	LAUREN M. KULESZA	3811 S.W. 8 <sup>th</sup> PLANE	<input type="checkbox"/> Add
		CAPE CORAL, FL. 33914	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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16 AUG 11  
11:11 PM  
STATE  
OFFICE  
ORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated 7/27, 2016.

④

Peto Vair

Signature of a member or authorized representative of a member

Pat en Ventrice

Typed or printed name of signee

10 AUG -4 PM 2:11  
SEC. OF CORRECTIONS STATE  
TALLAHASSEE, FLORIDA

117