## 113000025171

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





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2018 SIGNARY OF STATE

S Warren

AUG 18 2016

## **COVER LETTER**

TO: Registration S Division of Co	Section orporations		
VEN WA	Y, LLC		
SUBSECT.	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	JOSE LUIS ANDRADE		
		Name of Person	
	VEN WAY, LLC		
		Firm/Company	<del></del>
	3257 NW 7TH AVE CIR.		
		Address	· · · · · · · · · · · · · · · · · · ·
	MIAMI, FL 33127		
		City/State and Zip Code	
	ANDRADEBRI@HOTMA	IL.COM to be used for future annual report notif	antion)
For further information	concerning this matter, please c	•	icadon)
JOSE LUIS ANDRAD	E	786 327-4506	
Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	the following amount:		
■ S25.00 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

VEN WAY, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L13000025171	were filed on 02/18/2013 and assig	med
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:	3257 NW 7TH AVE CIR.	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33217 33127	
Enter new mailing address, if applicable:	3257 NW 7TH AVE CIR.	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33127	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		<u>f</u> the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
Now Decident A and the Standard Standar	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 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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	ing any other informati	on, enter chai	nge(s) here: (/	Attach additiona	il sheets, if ne	cessary.)	
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Filing Fee: \$25.00