

L13000025171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

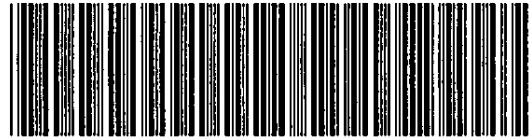
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED

2017 MAR 16 P 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

MAR 17 2017

2017 MAR 16 AM 9:24

2017 MAR 16 PM 1:00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VEN WAY, 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:

MARIA ESPERANZA BRITES PENA

Name of Person

VEN WAY, LLC

Firm/Company

3257 NW 7TH AVE CR

Address

MIAMI, FL 33127

City/State and Zip Code

ANDRADEBRITES@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA E. BRITES PENA

305 457-9221
at ()

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

FILED
MAR 6 3 22
CLERK OF DISTRICT COURT
STATE OF FLORIDA
TALLAHASSEE
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 Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
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		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

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 CLERK OF STATE
 TALLAHASSEE, FLORIDA

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

THERE IS A TYPO ON THE FIRST NAME OF AUTHORIZED MEMBER #5

PLEASE CHANGE NAME FROM : GALVIS VANEGAS, MARIA Y. TO :

GALVIS VANEGAS, MARY Y. (THE CORRECT FIRST NAME IS MARY AND NOT MARIA)

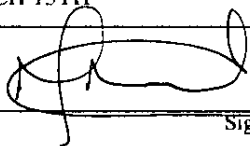
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated MARCH 13TH, 2017



Signature of a member or authorized representative of a member

MARIA ESPERANZA BRITES PENA

Typed or printed name of signee

2017 MAR 15 P 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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