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C. LEWIS 2013
EXAMINER

COVER LETTER

TÖ:	Registration Section Division of Corporations
Subjec	Name of Limited Hability Company
The encl	losed Articles of Amendment and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Charles J Harrely Name of Person
	Venture Marque
	POBOX 316
	West Palm Reach, FL 33401 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
	CJ Havel at 772 216 -6593
	Name of Person Area Code & Daytime Telephone Number
Enclosed	d is a check for the following amount:
\$25.0	Of Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) 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

FILED

OF 13 MAY -6 PM 4: 01 imited 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 Florida document number 413000032915 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) 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: New Registered Office Address: Enter\Florida street address 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = M	íanager
MGRM =	Managing Member
<u>Title</u>	<u>Name</u>

<u>Title</u>	<u>Name</u>		Address	Type of Action
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	FILED
	13 MAY -6 PM 4: C
	SECRETARY OF STATE TALLAHASSEE, FLORID
Dated	4/30/2013
Zaicu	CHAMIN
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00