## L13000044489

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SECRETARY OF STATE

## **COVER LETTER**

	sistration Sec ision of Corp			
SUBJECT:	VENETIA	,LLC		
oureci.		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Gabriel Ionescu		
			Name of Person	
		Venetia,llc		
		<del></del>	Firm/Company	
		1000 Island blvd,suit	te 1102	
			Address	
		AVENTURA,FL,331	60	
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		dentalionescu@yaho		
For further i	nformation co	e-mail address: (	to be used for future annual report notificall:	catton)
Gabriel (	DNESCU		917 7712430	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 ¥	Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is exclosed)	☐ \$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

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VENETIALLO	that Classifier Comme	07 da (2 may 2000)	m nor mande)		
	(A Plonds Listeral L	ability Chaptery)	Transfer transfer.	~0.0A 3.0E ••••••••••••••••••••••••••••••••••••	
The Articles of Organization for this Limited I	Liability Company	were filed on 3	/28/2013	and assigned	
Florida document manher L13000044489			<del></del>		
This amendment is submitted to amend the fol	lowing:				
A. If amending mante, enter the new name of	of the Knotted Value	lity comment h	weet:		
	11,245		NA.		
The new passe must be distinguishable and end with the	a warris "T imited Links	lity Comments " 550	designation "LLC" or the	abbreviation 7.1.C'	<del>,</del>
•	•		, <u>-</u>		
Kuter new principal offices address, if appli					
Principal office address MUST RE ASTRE	ET ADDRESS!	···			
		***			<del></del>
		C400(E) 1	011 <b>56</b> 11		
Rater new gentling address, if applicable:		GABRIEL		<u> </u>	
(Melling address MAY BE A POST OFFICE	BOX	4111 QUEE			··
		SUNNYSIC	E,NY,11104	<del></del>	
B. If amending the registered agent con- replained agent and/or the new resistered (		5	a our records, <u>cate</u>	the name of the	e ere
Name of New Registered Asent.	KODKIGO (				<del></del>
New Recistered Office Address:	1000 ISLAN	D BLVD,SUI	TE 1102		
•	· <u></u>	Remark Page	rids speet officers		
	AVENTURA		Florida 3	3160	
		Cay		21p Code	_
New Begintered Agent's Signature. If character	Registered Agent:		•		
I hereby accept the appointment as register provisions of all statutes relative to the proj	ed agent and agre per and complete j	e to act in this performance o	onpacity, I farther as I my dwies, and I am	gree to comply wi familiar with an	th the

11 SIGN HERE 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 than the limited liability campany has been notified in writing of this change.

Page 1 of 9

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR - Authorized Member Type of Action Title <u>Address</u> Name 1000 island blvd,1102,aventura,fi,33160 MGR Rodrigo Vilches M Add Remove Coolingo d'eles □ Add □ Remove □ Add □ Add ☐ Remove ☐ Add ☐ Remove

N/A	
<u></u>	
effective date must be specific, canno	not be prior to date of receipt or filed date and cannot be more than 90 days after
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