

L13000081640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

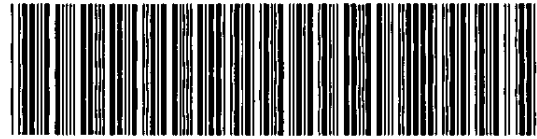
(Business Entity Name)

(Document Number)

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NOV 19 2014  
J. BRUCE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 377985 7942289

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : November 14, 2014

ORDER TIME : 3:23 PM

ORDER NO. : 377985-005

CUSTOMER NO: 7942289

DOMESTIC AMENDMENT FILING

NAME: BDS VENTURES LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: \_\_\_\_\_

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JACKSONVILLE FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bds Ventures 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:

David Veneziano

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

480 Mission bay Blvd. #420

\_\_\_\_\_  
Address

San Francisco, CA 94158

\_\_\_\_\_  
City/State and Zip Code

davidveneziano@hotmail.com

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

For further information concerning this matter, please call:

David Veneziano

\_\_\_\_\_  
Name of Person

at ( 415 ) 305-7812

\_\_\_\_\_  
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

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2014 NOV 18 AM 9:51  
TALLAHASSEE FLORIDA

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

Bds Ventures 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 06/05/2013 and assigned  
Florida document number L13000081640.

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)

480 mission bay Blvd #420

San Francisco, CA 94158

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

480 Mission Bay Blvd #420

San Francisco, CA 94158

**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:

David Veneziano

New Registered Office Address:

697 NE 68th ST

Enter Florida street address

Miami

Florida

33138

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.*

Changing Registered Agent, Signature of New Registered Agent

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

| <u>Title</u> | <u>Name</u>      | <u>Address</u>          | <u>Type of Action</u>                      |
|--------------|------------------|-------------------------|--|
| MGR          | Scott van Vianen | 1000 5th St #200        | <input type="checkbox"/> Add               |
|              |                  | Miami Beach, FL 33139   | <input checked="" type="checkbox"/> Remove |
| AMBR         | David Veneziano  | 480 Mission Bay Blvd    | <input checked="" type="checkbox"/> Add    |
|              |                  | San Francisco, CA 94158 | <input type="checkbox"/> Remove            |
|              |                  |                         | <input type="checkbox"/> Add               |
|              |                  |                         | <input type="checkbox"/> Remove            |
|              |                  |                         | <input type="checkbox"/> Add               |
|              |                  |                         | <input type="checkbox"/> Remove            |
|              |                  |                         | <input type="checkbox"/> Add               |
|              |                  |                         | <input type="checkbox"/> Remove            |
|              |                  |                         | <input type="checkbox"/> Add               |
|              |                  |                         | <input type="checkbox"/> Remove            |

2014 NOV 18 AM 9:51  
 STATE OF FLORIDA  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 1000 BANKERS BUILDING  
 TALLAHASSEE, FL 32399-0001  
 TEL: 904.488.2000  
 FAX: 904.488.2001  
 WWW.FLORIDADOT.ORG

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

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_

11/17 2014

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Scott A Van Vianen

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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