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COVER LETTER

TO:,	Registration Se Division of Cor			
er:bai		entures, LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	.
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Gordon Duncan		
			Name of Person	
		Duncan & Associates, P.A		
			Firm/Company	
		PO Box 249		
			Address	
		Fort Myers, FL 33902		
		-	City/State and Zip Code	
	_	E-mail address: (to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
Gordo	n Duncan		239 334-4574 at ()_	
-	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
B \$2	5.00 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

Natsunic Ventures, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records Liability Company)	<u>F</u>)
he Articles of Organization for this Limited Liability Company	were filed on July 22, 2013	and assigned
orida document number 1.13000103381 •		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	بر م
		<u> </u>
ne new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	'or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
The that office agaress MOST DE ASTREET ADDRESS		
Sutan nama mailing address if amplicables		
nter new mailing address, if applicable:	*	
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of		, enter the name of the
egistered agent and/or the new registered office address her	<u>·e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Aduless.	Enter Florida street address	<u> </u>
	424	مائديد.
	, Flo	orida Zin 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 Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Natnic Holdings, LLC		
			■ Remove
			Change
MGR	MGR Suzanne Kelly	1800 Marina Circle N.Ft. Myers, FL 33903	Add
			☐ Remove
			Change
			Add
•			Change
· 		_	
			□ Remove
			□ Change
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Filing Fee: \$25.00