

L14 0000 05099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

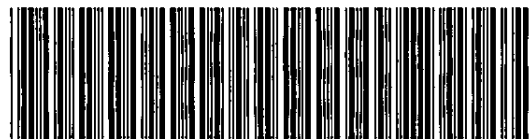
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900266170699

900266170699
11/10/14--01045--017 **25.00

FILED
14 NOV 10 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16hrs NOV 18 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VENTURE 365, 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:

MORENO GALLO, JR.

Name of Person

c/o LAW OFFICE OF JUSTIN B SCHMIDT, PA

Firm/Company

8320 W SUNRISE BLVD, SUITE 207

Address

PLANTATION, FL 33322

City/State and Zip Code

gallodesign@hotmail.com

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

For further information concerning this matter, please call:

MORENO GALLO, JR.

954

600-2629

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

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

VENTURE 365, 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 01/06/2014 and assigned
Florida document number L14000005099.

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)

c/o 8320 W Sunrise Blvd, Suite 207

Plantation, FL 33322

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o 8320 W Sunrise Blvd, Suite 207

Plantation, FL 33322

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

Florida

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.

If 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>
AMBR	Ada Gallo-Crispino	1345 Avenue De Jonquia Re	<input type="checkbox"/> Add
		Laval, QC H7E 3-P4 CA	<input checked="" type="checkbox"/> Remove
AMBR	Anthony Gallo	c/o 8320 W Sunrise Blvd	<input checked="" type="checkbox"/> Add
		Suite 207	<input type="checkbox"/> Remove
		Plantation, FL 33322	
			<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

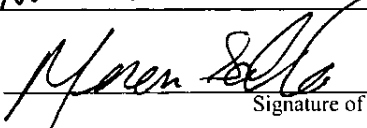
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 NOV 10 AM 9:59
FILED

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

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 November 6, 2014



Signature of a member or authorized representative of a member

Moreno Gallo, Jr.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 NOV 10 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA