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COVER LETTER

	Registration So Division of Cor				
enn ice	VENTURE	365, LLC			
SUBJEC	-1:	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Moreno Gallo Jr.			
			Name of Person		 -
		VENTURE 365, LLC			
			Firm/Company		
		3031 SW 192 Avenue			
			Address		
		Miramar, FL 33029			
			City/State and Zip Code		
		gallodesign@hotmail.com E-mail address: (to be used for future annual	report notification)	
For furth	er information c	oncerning this matter, please ca		•	
Moreno (Gallo Jr.			0-2629	
	Name o	f Person	at () Area Code	Daytime Telephone Nu	mber
Enclosed	is a check for th	ne following amount:			
■ \$25.0	00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en	Certi	00 Filing Fee, ifficate of Status & iffied Copy is enclosed)
	Mailing Addres Registration S		<u>Street A</u> Registr	ddress: ation Section	
	Division of C	corporations	-	on of Corporations	

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VENTURE 365, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 01/09/2014	and assigned
lorida document number L14000005099	 -	2020
his amendment is submitted to amend the following:		F1 OCT
. If amending name, enter the new name of the lin	nited liability company here:	FILED 2020 OCT 22 PM
ne new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or	r the abbreviation "E.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	(RESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
runng uun ess sint BE 11 OST OF THE BOA		
 If amending the registered agent and/or registere gent and/or the new registered office address here: 		e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florie	da
	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 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
D	Brigitte Gingras	8320 W SUNRISE BLVD	□Add
		SUITE # 207	, Remove
		PLANTATION, FL 33322	Remove Ghanga 22 And D
			NO TED
			□Remove
			□ Change
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Effective date,	if other thar	the date of	filing:				(option	ıal)	
f an effective date Note: If the date document's effe	is listed, the dat e inserted in th	e must be speci iis block does	fic and cannot not meet th	e applicable			0 days after fi	ling.) Pursu	
e record specifies ed is filed.	s a delayed eff	ective date, bi	ut not an eff	ective time,	, at 12:01 a.r	n. on the ea	rlier of: (b)	The 90th	day after the
Dated <u>OC</u>	T-16-6	20_							
	11	1.	1/						
	#\ //~	Signature	of membe	r or authorize	ed representat	ive of a mem	ber		