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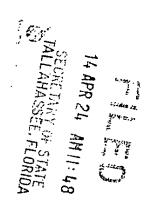
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## **COVER LETTER**

Division of Corp			
SUBJECT: デミ	S VENTURES UC Name of Lim	·	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Forke (ANTO	<b>*</b> \	
	GENE LANTO	Name of Person	
	CONSTAL BY	PROTERTIES LLC Firm/Company	
		ROND SUTE 1202 Address	
	OLOSMR, T	City/State and Zip Code	
	GENEUNTO E-mail address: (i	NOCONTALBAYETALT to be used for future annual report notific	Y. COLL cation)
For further information co	oncerning this matter, please ca	all:	
GENE CA	NTON Person	at ( <u>727</u> ) <u>638 -</u> Area Code Daytime	5582
Tune of	1 0.001	The code Daytine	relephone 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 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

F&G VENTURES LLC			
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	on our records,)		
The Articles of Organization for this Limited Liability Company were filed on	03/05/2014	and ass	signed
riorida document number <u>L14COSS 1121</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here	<u>2</u> :		
The new name must be distinguishable and end with the words "Limited Liability Company," the de	signation "LLC" or the	abbreviation "	L.L.C."
Enter new principal offices address, if applicable:	·	·	<del></del>
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
			<del> </del>
(Mailing address MAY BE A POST OFFICE BOX)	·	<del></del>	
B. If amending the registered agent and/or registered office address on or registered agent and/or the new registered office address here:	our records, enter	the name	of the nev
Name of New Registered Agent:		138 14 V	b w
New Registered Office Address:  Enter Florid.	a street address	PR 21	Contral contral
			्र सम्बद्धाः
City New Registered Agent's Signature, if changing Registered Agent:	, Florida	VI ZIP CORIDA	Park Care
I hereby accept the appointment as registered agent and agree to act in this ca provisions of all statutes relative to the proper and complete performance of m	ipacity. I jariner aş	gree to comp	oiy wun ine

If Changing Registered Agent, Signature of New Registered Agent

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGMR	BURGETT, FRANK	2300 CURLEW ROAD - SUITE 1	<u>∽</u> □ Add
		Prim HARROW FL 34683	Remove
MGMR	B&B LIMITED, LLC	2300 Compten Rong-Soute	<u>∞</u> Add
		Printhream, EC 34683	Remove
<del></del>			Add
			□ Remove
		579	Add  Amove  Remove  2
		EL ONIDA	Add DA
<u></u>			
			☐ Remove

D. If amending any other information, enter change(s) here: (At	lach additional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·	
<del></del>	· · · · · · · · · · · · · · · · · · ·
E. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date.)	(optional)
the date this document is filed by the Florida Department of State)	e and cannot be more than 90 days after
Dated 4/21/14 April 21st, 2014.	
My do to Ma	Mender Constol Bey Property we
Signature of a member or authorized	representative of a member
GENE LANTON	•
Typed or printed nam	e of signee

Page 3 of 3

Filing Fee: \$25.00

14 APR 24 SM II: 48
SECKE FACT OF STATE
TALLAHASSEE, FLORIDA