## 214000043834

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(City/State/Zip/Phone #)		
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## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT:	Phoenix (	olobal Vent	vres L.L.C.	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing		
Please return all correspo	indence concerning this matter	to the following:		
	Dayson	De Heon Name of Person Global Venture		
	- Phoenix	Firm/Company	<u>.</u>	
	3374 Am	aca Cr. Address	2014 APR	7)
	Orlando Jayson Emil address:	T.1. 32 City/State and Zip Code  delean ecol. ( to be used for future annual report notif	-837 SSE 28	
For further information co	oncerning this matter, please ca	ali:	ye. C	
Sayson Name of	Oc Leon  FPerson	at (32/) 228-4 Area Code Daytime	4500 e Telephone Number	
Enclosed is a check for th	ne 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
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Thoenix (	plobal Venture	es
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 14 0000 43834</u>	were filed on <u>03 / 16/20</u>	14_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company bere:	
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1633 East V	
(Principal office address MUST BE A STREET ADDRESS)	Suite 206	2
	_Kissimmee + FL	34744
Enter new mailing address, if applicable:	3374 Amaca	SS 28 F
(Mailing address MAY BE A POST OFFICE BOX)	Orlando F.1.	39837 11
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		<b>€</b>
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street address	
	, Florida	·
<del></del>	City	Zip Code
No Doniedo and Anomalo Cignotoran i Cohompina Dogistorad Agento		

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				
Remove   Add   Add   Remove   Add   Add	<u>Title</u>	Name	Address	Type of Action	
Add   Remove   Add   A	MGR	Jorge A. Cordova	875 Birk dale St. Daugat Fl.	33897 DB Add	
Add   Add				□ Remove	
Add   Add					
Add   Add   Add   Add   Add   Add   Add   Add   Add				U Add	
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samending any other information, enter change(s) here: (Attach additional sheets, if	necessary.)
<u> </u>	-··.
ffective date, if other than the date of filing:(	ptional)
he effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 on the date this document is filed by the Florida Department of State)	lays affer
$a_{1}$ ated $04/24/2014 . 2014 .$	
(aupon//e/isi)	
Signature of a member or authorized representative of a member	
1) a 1500 1 de 11000	

**I**\_

2014 APR 28 PM 32 36
SECRETARY OF STATE
TALLAHASSEE, FLORION

Page 3 of 3

Filing Fee: \$25.00