## L14000053717

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## **COVER LETTER**

TO: Registration Se Division of Cor			
	ENTURE, LLC		
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	DAMIAN NUSYNKIER		
		Name of Person	
	STI MANAGEMENT, LL	.C	
		Firm/Company	
	1990 NE 163rd STREET,	SUITE 209	
		Address	
	NORTH MIAMI BEACH	, FL 33162	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	damian@dalanrealty.com	to be used for future annual report notifica	ition)
For further information co	oncerning this matter, please ca		uon,
DAMIAN NUSYNKIER		786 553-7228 at ()	
Name of	f Person	Area Code Daytime To	elephone 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
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOCAL VENTURE, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our record nited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Com	pany were filed on 04/02/2014	and assigned
Florida document number L14000053717		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain 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 ADDRES	<u> </u>	<b>二三三 万</b>
		(S) <b>5</b> =
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		7
		25.
		>>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	s
		orida
	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 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>	Name	Address	Type of Action
MGR	DNU CONSULTING, INC.	1990 NE 163rd Street, STE 209	□ Add
		North Miami Beach, Fl 33162	■ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			□ Remove
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Filing Fee: \$25.00