## L14000056533

(Re	equestor's Name)	
(Ad	ddress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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## COVER LETTER

Louis Bu SUBJECT:	siness Ventures, LLC				
SUBJECT:	Name of Lin	Name of Limited Liability Company			
The enclosed Articles (	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	Dicuveny Jean Louis c/o k	talph Kenol			
		Name of Person			
	Ralph Kenol, P.A.				
		Firm/Company			
	1940 Harrison Street Suite	304			
		Address			
	Hollywood, FL 33020				
		City/State and Zip Code			
	rk@ralphkenolpa.com				
	E-mail address: (	to be used for future annual report notif	ication)		
For further information	concerning this matter, please ea	all:			
Dicuveny Jean Louis		305 484-3444			
Name	of Person	at () 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

Louis Business Ventures, 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  $\frac{04/07/2014}{2014}$ and assigned Florida document number\_L14000056533 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 contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) cn 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

## 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>	<u>Name</u>	Address	Type of Action
MGR	Dieuveny Jean Louis	255 NE 69th Street	
		Miami, FL 33137	■ Remove
			Change
MGR	Black Lion Capital Limited Partner	1631 E. Cheery Lynn Road	Add
		Phoenix, AZ 85016	Remove
			Change
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Effective date, if other t (If an effective date is listed, the Note: If the date inserted document's effective date the record specifies a	e date must be sp in this block d on the Departr	pecific and cannot oes not meet the ment of State's r	be prior to dat applicable : ecords.	te of filing or more statutory filing r	equirements, 1	ter filing.) Pursu his date will n	ot be li	isted as th
) The 90th day after	the record i	s filed.				- <del>-</del>	**	2017
10/16/2017 Dated		2017						00T 2
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	\ Signa	ture of a member	or authorized	representative of	'a member			م

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Filing Fee: \$25.00