

L14000127422

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18th Nov OCT 16 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Venture Zone, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Casso
Name of Person
Casso Macy Law Group, PA
Firm/Company
2755 E. Oakland Park Blvd Ste 102
Address
Ft. Lauderdale, FL 33306
City/State and Zip Code
jennifer@cassolaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Casso at 954 510-2248
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Venture Zone 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 08/14/2014 and assigned Florida document number L14000127422.

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 end with 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 ADDRESS)

30 SE 11 Street
Dania, FL 33004

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

30 SE 11 Street
Dania, FL 33004

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:

CASSO MACY LAW GROUP, P.A.

New Registered Office Address:

2755 E. OAKLAND PARK BLVD #102

Enter Florida street address

Ft. Lauderdale

Florida

City

33326
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.

Marcus Casso
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Adams, Chris	19700 NE 11 place	<input type="checkbox"/> Add
		North Miami, Fl 33179	<input checked="" type="checkbox"/> Remove
MGR	Barrera, Robert	19700 NE 11 place	<input type="checkbox"/> Add
		North Miami, Fl 33179	<input checked="" type="checkbox"/> Remove
MGR	Adams, Benjamin	38 SE 11 Street	<input checked="" type="checkbox"/> Add
		Dania, Fl 33004	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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ADD
REMOVE
ADD
REMOVE


D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____

10/10/2014



Signature of a member or authorized representative of a member

Christopher Adams

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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