# L14000134596

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T. HAMPTON

## COVER LETTER

TO: Registration Division of C	Section Corporations	<i>6</i> *	e#	ng -
SUBJECT: 19	561-520C	Venture 1	LC_	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Elisea Financia 1160 Kane	TRISHBE  Name of Person  Media Glo  Firm/Company  Concourse  Address	BAL F	TURIDA, LLC
	Bay Nav J Elisea (a) E-mail address: (1)	City/State and Zip Code The Money Monto be used for future annual report no	in. Constitution	<u>91</u> 54
For further information	n concerning this matter, please ca	ali:		
Elisea	FRISHBERG e of Person	at (305) 606 Area Code Dayti	me Telephone Nu	umber
Enclosed is a check for	r the following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cer Cer	00 Filing Fee, tificate of Status & tified Copy tional 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** 

19561 - 52 00 Venture. 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 8272014 and assigned Florida document number 14000134596.
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: [60 Lane Concourse # 204
(Principal office address MUST BE A STREET ADDRESS) BAY NOVBUR TSLANDS, FL
Enter new mailing address, if applicable: \( \lambda \
(Mailing address MAY BE A POST OFFICE BOX)  Bay Har Bur Island, Fl.  33154
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: Francial Mepia Flukal HURIDA, LLC
New Registered Office Address: 8556 MNS QUENNE 5B
Surfsipe address  Surfsipe Andrews  Enter Florida street address  Florida 33154  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.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered

LLC

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 = M $AMBR = A$	lanager Authorized Member			
Title AMBR	Name Elisea FRISH	Address HOERGILGUKane BAY harbor	Concourse XAdd 331 TS GNS, FOREMOVE	<u>'</u>
FMBR !	Francial MepinG Florioz	Mobal Sess Coffee Surfeive,	# SB (Add P2 33154   Remove	•
MGR	Rof Simpson	1323 Se 1742 FORT Lauper	STREET Add  Add  ALP F 3331 G  Remove	
N <u>Gr</u>	mulstment 1835 NEMIA	Kestals LLC MiGarpers Dri	12 Suff 377 23179 Remove	
			Add  15 Remove SECVETAR 24  TALL AHASS	
			OF SOLAND PRIDA CREMOVE	

	•
(The	ective date, if other than the date of filing: (optional) effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)
Dat	2/20/2015 2015
	I Cise Ishberry
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

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