# L1.500008201

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only



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## **COVER LETTER**

|                                      |  | COVER LETTER  | Positive   |
|--------------------------------------|--|---|--|
| TO: Registration S<br>Division of Co |  |   |  |
| SUBJECT:                             | Name of Lim  | TURERS, LLC - ited Liability Company  |  |
| The enclosed Articles of             | f Amendment and fee(s) are sub   | mitted for filing.  |  |
| Please return all corresp            | ondence concerning this matter   | to the following:   |  |
| ·                                    | - Ma   | ARK GOLDBERG-<br>Name of Person   | ·<br>-   |
| ,                                    | THE VENTINES   | S UC  |  |
|                                      | 10524 M  | Pirm/Company  OSS IARK RD. Su   | Te 204-147   |
|                                      | MAND   | Address   |  |
|                                      | E-mail address: (  | City/State and Zip Code  OSISKE(17 PM), Code  to be used for future annual report notif |  |
| MARIC                                | concerning this matter, please concerning the ple |   | OOO  <br>e Telephone Number  |
| ivaine                               | 01 1 C13011  | Aica Code Baytimo   | - receptoste Namee   |
| 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

## TO ARTICLES OF ORGANIZATION OF

FILED
2015 OCT 16 PH 2: 22

| 14E VENTURES 4   | SECRIFIARY OF STATE  TALLAHASSIE FLORIDA  TALLAHASSIE FLORIDA        |
|--|--|
| (Name of the Limited Liability Comp.<br>(A Florida Limited   | Dany as it now appears on our records.)  I Liability Company)        |
| The Articles of Organization for this Limited Liability Company Florida document number 1100008201                     |  |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited liab  | bility company here:   |
|  |  |
| The new name must be distinguishable and contain the words "Limited Liab   | pility 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)  |  |
|  |  |
| Enter new mailing address, if applicable:  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |
|  |  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | office address on our records, <u>enter the name of the new</u> ere: |
| Name of New Registered Agent:  |  |
| New Registered Office 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

# or removed from our records:

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | Address                                      | Type of Action |
|--------------|-----------------|--|----------------|
| MGR          | MARK (Soi) BERG | 9020 Deua SOALA CITCLE<br>Orlando, fo 32836. | □ Add          |
|              |                 | OriANDO, fr 32836.                           | ☐ Remove       |
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|                     |   | 2: 22                  |
| -                   | <u> </u>  | ~ ~                    |
| (If an eff<br>Note: | ive date, if other than the date of filing:    O  | 0207 (3)(b<br>d as the |
| f the rec<br>b) The | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed. | r of:                  |
|                     | 00/0BeR 14, 2015  |                        |
|                     | Makang  |                        |
|                     | Signature of a member or authorized/representative of a member  MARK Gott BERG  |                        |
|                     | Typed or printed name of signee   |                        |

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Filing Fee: \$25.00