L150000008201

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600293492186

01/03/17--01009--002 **25.00



D. SCOTT

JAN 4 2017

COVER LETTER

TO: Registration S Division of Co				
The Ventu	irers LLC			
Sobalet.				
	Amendment and fee(s) are sub	_		
Please return all correspondent	ondence concerning this matter	to the following:		
	Sidney H. Shams			
1015 Maitland Center Commons Blvd. Suite 110				
	Maitland FL 32765	Address		
	Manianu FL 32703	City/State and Zip Code		
	sid.shams@shamslawfirm.	com		49 1
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	ification)	ECONE TI
Sidney H. Shams		407 671-3131 at ()		
Name o	of Person		ne Telephone Number	
Enclosed is a check for the	he following amount:			赞用 6
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
	ING ADDRESS: ration Section	STREET/COUR Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Vent	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited L Florida document number L15000008201	iability Company were filed on 01/14/15 and assigned
This amendment is submitted to amend the foll	owing:
A. If amending name, enter the new name o	f the limited 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 applic	able:
Principal office address MUST BE A STREE	(T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	or registered office address on our records, enter the name of the new
	1015 MAITLAND CENTER COMMONS BLVD SUITE 110 FIG.
New Registered Office Address:	Enter Florida street address MAITLAND Florida 32751
	City Zip Code Zip Code
New Registered Agent's Signature, if changing	Registered Agent:
provisions of all statutes relative to the prop accept the obligations of my position as regi	ed agent and agree to act in this capacity. I further agree to comply with the per and complete performance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S. Or, if this document is registered office address, I hereby confirm that the limited liability

thanging 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	MAGUED SHERIF	5463 GATEWAY VILLAGE	
		CIRCLE SUITE 104, ORLANDO	Remove
		Florida 32812	□ Change
MGR MICHELLE PARTIN	MICHELLE PARTIN	5463 GATEWAY VILLAGE	□ Add
		CIRCLE SUITE 104 ORLANDO	■ Remove
		Florida 32812	☐ Change
			Add
			□ Remove
			☐ Change
			□ Remove
			Change
			PROPERTY -3
			Change P
			Add
			Remove
			Change

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: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	5.0207 (3)(b) icd as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlieb). The 90th day after the record is filed.	er of:
Dated 12/3 2016.	3 1 T
Signature of a member or authorized representative of a member	TILED
MAGUED SHERIF. Member Typed or printed name of signee	TA R D
	第 元 言 6
Page 3 of 3	,

Filing Fee: \$25.00