

L15000030556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

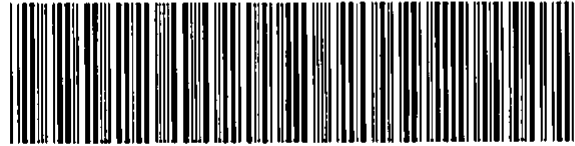
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Pickup tomorrow!

Office Use Only



700362513727

03/29/21--01007--007 **35.00

2021 MAR 29 AM 8:08
STATE
TAMPA, FL

ED

AD

2021 MAR 29 AM 9:36

Y. SHUKER

MAR 29 2021

FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Venture By American, 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:

Derek Larsen-Chaney, Esq.

Name of Person

Phelps Dunbar LLP

Firm/Company

100 South Ashley Drive, Suite 2000

Address

Tampa, Florida 33602

City/State and Zip Code

chaneyd@phelps.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Derek Larsen-Chaney, Esq.

813) 222-7677
at (_____) _____

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Venture By American, 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 February 18, 2015 and assigned Florida document number L15000030556.

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 "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 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:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

Florida

City

33324
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.

C T Corporation System

BY:

Carole P. Prater

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>	<u>Address</u>	<u>Type of Action</u>
AR	Dominick LaCombe, Sr.	6800 SW Jack James Drive	<input type="checkbox"/> Add
		Stuart, Florida 34997	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dominick LaCombe, Jr.	6800 SW Jack James Drive	<input type="checkbox"/> Add
		Stuart, Florida 34997	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dino Chouest	16201 East Main Street	<input checked="" type="checkbox"/> Add
		Cut Off, Louisiana 70345	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Dionne Chouest Austin	16201 East Main Street	<input type="checkbox"/> Add
		Cut Off, Louisiana 70345	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)
(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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 25, 2021
Dino Chouest
Signature of a member or authorized representative of a member
Dino Chouest
Typed or printed name of signer

Filing Fee: \$25.00