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(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
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(Document Number)				
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JUN 2 3 2015 S. YOUNG

COVER LETTER " ,"

TO: Registration Secti Division of Corpo			ž.
SUBJECT: 1E	SCA 1903 Name of Limit	RE VENTURE,	LLC.
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	JULIAN	Name of Person	
		Name of Person	<u> </u>
	TESLA 19	37 RE VENTU	eE, LLC.
		Firm/Company	
	6815 BISC	AYNE BUD., SU	ITE 103-279
	Mismi,	FLORIDA 3 City/State and Zip Code E E GMAIL. CO be used for future annual report noti	3/38 = 5
	,	City/State and Zip Code	M fication) T T T T T T T T T T T T T T T T T T T
	JULICAB	E e GMAIL. CO	M Sã R F
	E-mail address: (to	be used for future annual report noti	fication)
For further information con-	cerning this matter, please cal	1:	
- JULIAN	INA CASTRO	at (305) 978 Area Code Daytim	30977
Name of P	erson	Area Code Daytim	e Telephone Number
Enclosed is a check for the	following amount:		
•	_	□ \$55.00 Filing Fee &	□ \$60.00 Eiling Egg
\$25.00 Filing Fee	Certificate of Status	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

03 KE	VENTURE,	LLC.
ility Company as it da Limited Liability	now appears on our record Company)	r <u>ds.</u>)
Company were f	iled on <u>06/09</u>	2015 and assigned
		LLC.
	<u> </u>	
ORESS)		
		: , mrž
gistered office a	ddress on our recor	ds, enter the name of the new
. ,		
	E. C	igh &
Ci	, I	F lorida Zip Code
	ility Company as it da Limited Liability Company were for the second se	mited liability company here: 37 RE VENTURE, imited Liability Company," the designation "LI DRESS) cistered office address on our recorders here: Enter Florida street 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.

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 **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> _ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change Add ال Remove ___Change ⋾ _□ 'Ăqq □ Remove ☐ Change □ Add _□ Remove ☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets,	if necessary.)
. '	
	
	<u>-</u>
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 Note: If the date inserted in this block does not meet the applicable statutory filing requirement 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 13 (b) The 90th day after the record is filed.	2:01 a.m. on the earlier of:
Dated Tune 16, 2015.	
Dated June 16 Signature of a member or authorized representative of a member	22 22
Signature of a member or authorized representative of a member	
one Costro	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00