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## **COVER LETTER**

	ision of Corp				
CHDIECT.	Vegas Ballro	oom LLC			
SUBJECT:	**************************************	Name of Lim	uited Liability Company		
The enclosed	l Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Ashok Soni			
			Name of Person		
		-	Firm/Company		
		201 Hickman Dr			
		•	Address		
		Sanford, FL 32771		20 mm	7
			City/State and Zip Code	P 2000	132-30 132-30
		rugking.info@yahoo.com			
		E-mail address: (	to be used for future annual report notification	n) 🚎 📔	1
For further in	nformation co	oncerning this matter, please c	all:	2 : B	_)
Ashok Soni			407-687-8447 at ( )	527 W	
	Name of	Person		phone Number	
Enclosed is a	check for the	e following amount:			
■ \$25.00 F	iling 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vegas Ballroom LLC		
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited Liability Company were filed on	08/19/2015	and assigned
Florida document number L15000141566		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compan	<u>v here</u> :	
Venue Ballroom LLC		
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:	į.	्या क्या कर
(Principal office address MUST BE A STREET ADDRESS)	the state of the s	30
	5	<u> </u>
<del></del>	17 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -	Ü ::1
Enter new mailing address, if applicable:		(i)
(Mailing address MAY BE A POST OFFICE BOX)	- ; ;	ω u
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:  Name of New Registered Agent:	on our records, enter the	name of the no
Thank of New Registered Figerit.		_
New Registered Office Address:	· Florida street address	
	, Florida	lip Code
Now Desistand Assets Signature if shanging Desistand Assets	L	

## 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Add
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			Change
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be lote: If the date inserted in this block does not meet the apocument's effective date on the Department of State's rec	prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 pplicable statutory filing requirements, this date will not be listed ords.
e record specifies a delayed effective date, but The 90th day after the record is filed.	t not an effective time, at 12:01 a.m. on the earlier
ated April 15 , 2018	·
N	
7000	authorized representative of a member

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Filing Fee: \$25.00