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PICK-UP	☐ WAIT	MAIL		
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Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			

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SECRETARY OF STATE
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COVER LETTER

	egistration Se ivision of Cor			ii.
SUBJECT	176 Venetia	an Dr. LLC		
		Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Charles D. Franken		
			Name of Person	· · ·
		Charles D. Franken PA		
			Firm/Company	
		600 South Pine Island Roa	d Suite 203	
			Address	
		Plantation FL 33324		
		Charlesfranken29@gmail.co	City/State and Zip Code	
			to be used for future annual report notif	fication)
For further	information co	oncerning this matter, please ca	all:	
Charles D.	Franken		954 476-7200 at () Area Code Daytime	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is	s a check for th	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

176 Venetian Dr, LLC.		
(Name of the Limited Liability (A Florida	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on August 20, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	ESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist	and office address on our regards, onto	The same of the new
registered agent and/or the new registered office addr	ess here:	the manner me new
		S S
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	SALE ORIDA
	, Florida	
_ 	City	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOSH RUSKIN	3449 JUNIPER LANE	Add
		DAVIE FL 33330	□ Remove
			Change
			□ Add
			Remove
			Change
			Add
			Remove
			Change
			SE Se senson
			FLORED CENTRE
			□ Remove
		- ,	□ Change
			□ Add
		 	Remove
			☐ Change

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Signature of a member or authorized representative of a member	ated							

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Filing Fee: \$25.00