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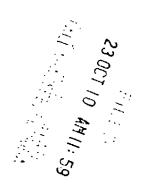
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
J. HCRME
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COVER LETTER

ro:	Registration S Division of Co			
	Vanguard	Ventures LLC		
SUBJEC	υΙ: <u></u>	Name of Limi	ted Liability Company	· · · · · ·
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		Rosalinda Rosa		
			Name of Person	
		Vanguard Ventures LLC		
Firm/Company				
		20025 Outpost Point Drive	:	
		<u> </u>	Address	
		Tampa FI 33647		
		**************************************	City/State and Zip Code	
		redrose31194@aol.com		
		E-mail address: (to be used for future annual report notifica	ation)
For furtl	her information	concerning this matter, please ca	atl:	
Rosalin	d Rosa		813 297-2841	
	Name	of Person	Area Code Daytime T	elephone Number
Enclose	d 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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		Ξ ω
Vanguard Venture LLC)C1
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 10/01/2015	and assigned
Florida document number L15000167725	·	: 59
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADI	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		name of the new registered
Name of New Registered Agent:	<u>.</u>	
New Registered Office Address:	# SS . /	
	Enter Florida street address	
<u></u>	, Floric	
	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 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>	Name	Address	Type of Action
AMBR	Rosalinda Rosa	20025 Outpost Point Dr Tampa Fl 33647	≅ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add

_____ □Remove

Effective date, if other than the date of filing:						
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 its						
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 its		 -				
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		late must be specific and	cannot be prior to date deet the applicable sta	of filing or more than 90 atutory filing requirem	days after filing) Pursuant	to 605.0207 be listed as t
e 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 d is filed.	f an effective date is listed, the one of the content of the conte	the Department of Si	tate's records.			

COVER LETTER

	gistration Sec ision of Corp				
crin recor		entures LLC			
SUBJECT:			ted Liability Company		
The enclosed	d Articles of A	Amendment and fee(s) are sub-	nitted for filing.		
Please return	all correspor	idence concerning this matter	to the following:		
		Rosalinda Rosa			
		······································	Name of Person		
		Vanguard Ventures LLC			
Firm/Company					
	20025 Outpost Point Drive				
			Address		
		Tampa Fl 33647			
			City/State and Zip Code		
		redrose31194@aol.com			
For further i	nformation co	E-mail address: (i	to be used for future annual report	notification)	
Rosalind Ro	osa		813 297-284 at ()	1	
	Name of	Person		vtime Telephone Number	
Enclosed is	a check for th	e 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)	

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