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(Cit	ty/State/Zip/Phone	: #)
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC	VENTURE	405 LLC		
50161.0	-1.	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		JOSE VILLAR		
		• • • •	Name of Person	
		JOSE A. VILLAR CPA, P	.A.	
		and a .	Firm/Company	
		3850 SW 87 AVE STE 30	1	
			Address	W.W
		MIAMI, FL 33165		
		 	City/State and Zip Code	
		JVILLAR@VILLARCPA.		
		E-mail address: (t	o be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please ca	ıll:	
JOSE VI	ILLAR		305 448-1648	
	Name of	Person	at () Area Code Daytimo	e Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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

FILED

2015 NOV 16 PM 2: 23

SECHETARY OF STATE
TALLAHASSEE, FLORIDA

Zip Code

VENTURE 405 LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on 10/16/2015 and assigned
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	<u>s</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, enter the name of the schere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida

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.

City

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>	Address	Type of Action
AMBR	MAURICIO ABUSLEME ANANI AS	10275 COLLINS AVE 1106	_ Add
		MIAMI BEACH, FL 33154	□ Remove
			☐ Change
AMBR	DANIELA ABUSLEME ANANIAS	10275 COLLINS AVE 1106	∃ Add
		MIAMI BEACH, FL 33154	Remove
			☐ Change
AMBR	ALEXANDRA ABUSLEME ANANIAS	10275 COLLINS AVE 1106	
		MIAMI BEACH, FL 33154	Remove
			☐ Change
			Add
			Remove
			☐ Change
	Access that and a second		□ Add
			☐ Remove
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Note: II	e date, if other that ive date is listed, the date the date inserted in the date on	ihis block does n	ot meet the ap	oplicable statute	ling or more that ory filing requ	optiona 190 days after filin rements, this dat	l) g.) Pursuant to 605 e will not be liste	.0207 (3) ed as the)(b) ?
f the recor b) The 9	rd specifies a de Oth day after the	layed effectiv e record is file	e date, but ed.	: not an effe	ctive time,	at 12:01 a.m	. on the earlie	er of:	
N	OVEMBER 4	/	2015						
Dated 🗋									

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00