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COVER LETTER

TO: Registration Se Division of Cor	porations	,	
SUBJECT:		E Venture, ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Juli	anna Castr	·O
	1250	RE Venture	e, LLC
	<u>6815 [</u>	Biscayne Blue	l., Ste 103-279
	Miami	Florida:	33/38
	Julicak JE-mail address: (Firm/Company SISCAYNE BIVO Address Florida City/State and Zip Code Code gmail. Code to be used for future annual report notification.	ication)
For further information c	oncerning this matter, please c		
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fec & 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

1250 RE V	enture, LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records. Liability Company)	.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered of		5 0
registered agent and/or the new registered office address her	<u>re</u> :	See 1
Name of New Registered Agent:		
New Registered Office Address:		3; +
<u>- </u>	Enter Florida street address	
	, Flor	
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Address Type of Action Title** Antonio Amaral 200 S' Biscayne Blvd. DAdd Suite 3200 Miami, Fl 33131 Remove _□ Change □ Add □ Remove _□ Change □ Add ☐ Remove ☐ Change PH Ange _□ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change

	
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Filing Fee: \$25.00