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COVER LETTER

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Registration Section Division of Corporations

GUBJECT: K	otesun I W	ment Ventures, Li	رز
	Name of Lim	ited Liability Company	
he enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
lease return all correspon	dence concerning this matter	to the following:	
	Lodd	Fo SSC 74 Name of Person	
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	acerning this matter, please or		
Leda F	n27697	at (407) G72 Area Code Daytim	0522
Name of	Person	Area Code Daytim	e Telephone Number
inclosed is a check for the	•		
\$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)
Registra	SG ADDRESS: tion Section of Corporations	STREET/COURI Registration Section Division of Corpor	n
P.O. Box	•	Clifton Building 2661 Executive Ce Tallahassee, FL 32	nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF Investment Ventures Lic

(A Florida Lim	ited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number	pany were filed on 1/08/2016 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 I		
Enter new principal offices address, if applicable:	5) Soniford Fl 32711	•
(Principal office address MUST BE A STREET ADDRESS	s) Soniford Fl 327il	
Enter new mailing address, if applicable:		16
(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 new here:	TS = TS = 2
Name of New Registered Agent:		-17 U
New Registered Office Address:	Enter Florida street address	. `
	, Florida	
	City . Zip Code	
New Paulstered Agent's Signature If changing Registered As	zent:	

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.

Page 1 of 3

MGR = N AMBR = A	lanager authorized Member		
<u>l'itle</u>	<u>Name</u>	Address	Type of Action
			D Add
			□ Remove
			□ Change
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lf an	nending any other information, enter change(s) here: (Attach additional sheets. if necessary.)
If an o Note	etive date, if other than the date of filing: (optional) 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 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	and a proprieta no mare se i me como a Con o con montra no mare se i me como a
Date	d 1-14-19 Signature of a member or authorized representative of a member
	hat.
	Signature of a member or authorized representative of a member
	Cary M Kinger

Page 3 of 3

Filing Fee: \$25.00