# 16000010087

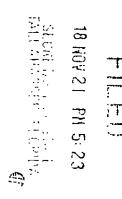
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## **COVER LETTER**

Divisi	on of Corpo	rations		
A SUBJECT:	scend Ventu			
_			ted Liability Company	
The enclosed A	articles of An	nendment and fee(s) are sub-	nitted for filing.	
Please return al	ll correspond	ence concerning this matter	to the following:	
		Paula Barnett		
			Name of Person	
		PinoNicholson, PLLC		
			Firm/Company	
		189 S. Orange Ave., Suite	1650	
			Address	
		Orlando, FL 32801		
			City/State and Zip Code	
		pbarnett@pinonicholsonlaw		
	•	E-mail address: (t	o be used for future annual report	notitication)
For further info	ormation con	cerning this matter, please ca	all:	
Paula Barnett			407 956-424 at ()	
	Name of Po	erson	Area Code Day	stime Telephone Number
Enclosed is a c	heck for the	following amount:		
■ \$25.00 Fili	ing 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:

TO:

Registration Section

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

Ascend Ventures LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability  Florida document number L16000010087	y Company were filed on January 14, 2016	and assigned
his amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
he new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	; 
	<del></del>	
	(D. 2)	23
Enter new mailing address, if applicable:		
<u> Mailing address MAY BE A POST OFFICE BOX)</u>	<del></del>	
3. If amending the registered agent and/or re registered agent and/or the new registered office a	Ly'	the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	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, 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
MGR	Ascend Holdings Management Company LLC	189 S. Orange Ave., Suite 1650 Orlando, Fl. 32801	□ Add
			■ Remove
			Change
MGR	Ascend Ventures Management Company LLC	189 S. Orange Ave., Suite 1650 Orlando, FL 32801	
		<del></del> -	☐ Remove
			Change
			Remove
			□ Change
			⊒ <b>5</b> Add
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			Change

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ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filing te: If the date inserted in this block does not meet the applicable statutory sument's effective date on the Department of State's records.	or more than 90 days after filing.) filing requirements, this date v	تت Pursuant vill not b	to 605.02 be listed a
record specifies a delayed effective date, but not an effective filed.	ve time, at 12:01 a.m. o	n the	earlier
ed			
Signature of a member or authorized representa			
	ative of a member		_

Page 3 of 3

Filing Fee: \$25.00