## L16000054143

Office Use Only



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## **COVER LETTER**

TO:	Registration Division of C							
41111277		enture Investments, LLC		10000000000000000000000000000000000000				
SUBJE	ECT:	CT:Name of Limited Liability Company						
The en	closed Articles o	of Amendment and fee(s) are sub	mitted for filing.	9.				
Please	return all corres	pondence concerning this matter	to the following:	-				
		Eric Malinasky						
		Home Venture Investments	Name of Limited Liability Company  fee(s) are submitted for filing.  Ing this matter to the following:  Ing this matter t					
		915 Middle River Dr. Suite	, , ,					
		Fort Lauderdale, FL 33304						
		homeventureinvestments@						
		E-mail address: (	to be used for future annual report notif	ication)				
For fur	ther information	concerning this matter, please ca	all:					
Eric M	alinasky		at ()					
	Name	of Person	Area Code Daytime	: Telephone Number				
Enclose	ed is a check for	the following amount:						
<b>■ \$</b> 2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &				

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

Sala MR. P. P. Z. L.

Home Venture Investments, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	were filed on 03/16/2016	and assigned	
Florida document number L16000054143			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbrevia	ation "L.L.C."	
Enter new principal offices address, if applicable:	915 Middle River Drive Suite 313		
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33304		
Enter new mailing address, if applicable:	915 Middle River Drive Suite 313		
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, FL 33304		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address:	Enter Florida street address		
New Registered Office Address:		n Code	
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent:	Enter Florida street address, Florida City Zi	p Code	

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>	<u>Address</u>	Type of Action
			Add
			□ Remove
			Change
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			Change

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Effective date, if other than the	date of filing:	(antional)
If an effective date is listed, the date mus <b>Note:</b> If the date inserted in this bloocument's effective date on the Document	ock does not meet the applicable	(optional)  the of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 statutory filing requirements, this date will not be listed as the
ne record specifies a delayed The 90th day after the rec		n effective time, at 12:01 a.m. on the earlier of:
February 28th	2019	
Enie M		
Tree / (	ele S	I representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00