# L16000076890

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### **COVER LETTER**

Division of Corporations
SUBJECT: RM Janney Ventures LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Patricial Janen Name offerson
RM Janney Ventures UC
3315 SE 17th St. Address
Ocala, FL 34471 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Patricial Janey at 357 351-0036 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  □ \$30.00 Filing Fee Certified Copy (additional copy is enclosed)  □ \$55.00 Filing Fee 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

(Name of the Limited Liability Company as it now a  (A) Florida Limited Liability Comp	4	
The Articles of Organization for this Limited Liability Company were filed o	n 04/18/2016	_ and assigned
Florida document number <u>L16000076890</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compar	ay here:	
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		····
(Principal office address MUST BE A STREET ADDRESS)	TA	
		TO CLASSIC ,
	A A	
Enter new mailing address, if applicable:		<b>O</b> 1
(Mailing address MAY BE A POST OFFICE BOX)	· 171	
initially during high both both both	OR OR	<del>്</del>
	<del>5</del>	<u> </u>
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	s on our records, <u>enter th</u>	e name of the no
Name of New Registered Agent:	······································	
New Registered Office Address:  Ente	er Florida street address	
	, Florida	

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to man	age, <u>enter the title</u>	e, name, and addre	ess of each person	being added
or removed from our records:				

MGR = MS $AMBR = AB$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Morris A. Janey	3315 SE 17th St. Oca 344	la, FL KAdd
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	tive date, if other than the date of filing: 04 18 2016 (opti	ional)
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Note: docum he re The	If the date inserted in this block does not meet the applicable statutory filing requirements, the nent's effective date on the Department of State's records.  cord specifies a delayed effective date, but not an effective time, at 12:01 a 90th day after the record is filed.	a.m. on the earlier of

Filing Fee: \$25.00