Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000060229 3)))



H170000602293ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NAJMY THOMPSON, P.L.

Account Number: 120090000014 Phone : (941)907-3999

: (941)907-8999 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 129 AVENIDA VENECCIA LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

HelpD. BRUCE

#156 P.002/004

H17000060229 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

129 AVENIDA VENECCIA LLC		
(<u>Name of the Limited Lizbilit</u> (A Florida	ty Company as it now appears on our records. a Limited Liability Company))
The Articles of Organization for this Limited Liability C Florida document number L16000081388	Company were filed on 04/25/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or regist egistered agent and/or the new registered office addr		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		- <u> </u>
	Enter Florida street address	
	, Flori	daZin Code
	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

Page 1 of 3

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 H17000060229 3

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SIESTA KEY IV LLC	1401 8TH AVENUE WEST	≅ Add
		BRADENTON, FL 34205	□ Remove
			□ Change
			🗖 Add
			□ Remove
			□ Change
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•		Action 1971 and 1971	🗖 Add
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03/03/2017 11:17

#156 P.004/004

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