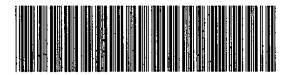
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J. HARRIS

## **COVER LETTER**

	Registration So Division of Con					
OUD IE		OAD VENTURE LLC				
SUBJEC	.1: <u></u>	Name of Lim	ited Liability Company			
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		SACHA TOURET				
			Name of Person			
		DAVIE ROAD VENTURI	ELLC			
		***************************************	Firm/Company			
	300 S PINES ISLAND ROAD STE 309					
			Address			
		PLANTATION FL 33324				
		<del></del>	City/State and Zip Code			
		SACHATOURET@HOTM				
			to be used for future annual report notif	cation)		
For furth	er information o	oncerning this matter, please ca	all:			
Name of Person			at () Area Code Daytime	Telephone Number		
Enclosed	is a check for t	he following amount:				
\$25.0	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)		

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

## TO ARTICLES OF ORGANIZATION OF

DAVIE ROAD VENTURE LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	***************************************
The Articles of Organization for this Limited Liability Comp.	any were filed on 05/24/2016	and assigned
Florida document number L16000101318		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
DAVIE ROAD VENTURES <sub>I</sub> LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
		<del></del>
Principal office address MUST BE A STREET ADDRESS		Fo -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		\$10 <b>0</b>
		5-
B. If amending the registered agent and/or registered	l office address on our records ent	콘트 Northe figure of the
egistered agent and/or the new registered office address	· -	ci the name of the
	<del></del>	
Name of New Registered Agent:		
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

MGR = 1 AMBR = 1	Manager Authorized Member		
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Page 3 of 3
Filing Fee: \$25.00