# L16000204537

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MAR 1 4 2019

S. YOUNG

## **COVER LETTER**

Division of Corpor		,	
SUBJECT: Ve	enice Valley Name of Limin	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	CESAR OR	Siace Erost Name of Person	4
		Name of Person	
		Firm/Company	
	700 San 1	Lino Cir #;	714
	Venice	2 FL 3429 c City/State and Zip Code VLL OSA & GMAIL o be used for future annual deport notifica	2
		City/State and Zip Code	
	E-mail address: (to	o be used for future annual report notifica	tion)
For further information conc	erning this matter, please ca	11:	
Diano Er	054	at (941) 220 3 Area Code Daytime To	3393
Name of Pe	erson	Area Code Daytime To	elephone Number
Enclosed is a check for the f	following amount:		
/	□ \$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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Venice Valle	U L C	rcords.)
(A Florida Limited	Liability Company)	·
The Articles of Organization for this Limited Liability Compan Florida document number <u>L1600020453</u> .7	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	<del></del>	
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		cords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	P 27 11	
	mend the following:  new name of the limited liability company here:  Indicontain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  The east, if applicable:  BE A STREET ADDRESS)  In agent and/or registered office address on our records, enter the name of the registered office address here:  Indicate the name of the name of the registered office address here:  Indicate the name of the name of the registered office address here:  Indicate the name of the name of the name of the registered office address here:	agaress
<del></del>	City	_, Florida Zip Code
	City.	Esqs CAZER

### 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>	<u>Address</u>	Type of Action
AMBR	Diane Erosa	700 San Lino Circle Unit 714 Venice FL 34292	
			Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
		<del></del>	
	`		Remove
			Change
			Add
			☐ Remove
			☐ Change
			Remove
			☐ Change

ote: If	e date, if other than the date of filing:	.020° ed a:
	·	
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 10th day after the record is filed.	er o
ated	2/28 . 2019.	
	Signatur de l'admember or authorized representative of a member	
	CESAR EROSA  Typed or printed name of signee	

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Filing Fee: \$25.00