LITOCO	34592

(Re	questor's Name)	
·····	dress)	
(~~	uless)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
		MAIL
(Bu	siness Entity Na	 me)
(·····, ····	,
(Dc	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
1		
1	Office Use O	nly
1		



07/20/17--01017--002 **30.00



AUG 0 2 2017 Y SULKER

· · · ·	COVER LETTER
TO: Registration Section Division of Corporations	
subject:A	Nond Ventures Name of Limited Liability Company
The enclosed Articles of Amendmen	and fee(s) are submitted for filing.
Please return all correspondence con-	cerning this matter to the following:
	Norette Green Name of Person Mwwood Ventures Firm/Company
	Hursd Ventures Firm/Company
/	3005 Jouthen Blood, Suite 213 Address
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information concerning the	is matter, please call:
Novelle Gr Name of Person	$\frac{2}{\text{Area Code}} = \frac{3/9}{\text{Daytime Telephone Number}}$
	Impount: 0 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, ificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy
MAILING ADDR Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	n Registration Section ations Division of Corporations Clifton Building

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDM	MENT
TO ARTICLES OF ORGANIZ	ATION
OF	
ALLINDO VENTURES LUC (Name of the Limited Liability Company as it now app (A Florida Limited Liability Company)	
(<u>Name of the Limited Liability Company as it now ap</u> (A Florida Limited Liability Company)	pears on our records.) ny)
The Articles of Organization for this Limited Liability Company were filed on	Fabrier 13 2017 and and
Florida document number $\frac{21700034592}{2}$	and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability company</u>	<u>y here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," t	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:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address	on our records, enter the name of the new
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	<u>0 X</u>
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 the provisions of all statutes relative to the proper and complete performance in the proper and complete performance in the provision of all statutes relative to the proper and complete performance in the proper accepted and performance in the proper accepted and performance in the performance	
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 ha	arehy confirm that the limited lightlity

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGK	Alfred Gentles (ALFREND GENTLES)	13005 Southern Aud	Add
	(ALFRENS GENTLES)	13005 Southern Aud Sule 2:3 Loxubaluer, 72 33470	C Remove
		Loxaholuer, 72 33470	🛛 Change
			O Add
			🗆 Remove
			Change
J			Add
			Remove
			Change
	<u> </u>		
			□ Change
			□ Change
			🗆 Add
			C Remove
		,	Change
		<u></u>	🗆 Add
			_□ Remove _□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

.

.

		<u> </u>	
	<u></u>	<u> </u>	
	;		
		17	
		JUL	
	SS:	23	
	SEE.		
	رابت	AH.	ET
·	- 07 - 27-		
	0210A	61	
E. Effective date, if other than the date of filing:(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)	. D		0202 (205
 <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records. 	will not i	be liste	ed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the	earlie	er of:
(b) The 90th day after the record is filed.			
Dated $-\frac{1}{24}$ $\frac{2017}{2}$			
1			
Signature of a member or authorized representative of a member			
Movette Green.			
Typed or printed name of signee			
Page 3 of 3			
Filing Fee: \$25.00			