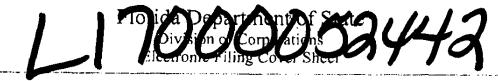
5/30/2017

From Larson Accounting 1.321.888.4919 Tue May 30 10:05:54 2017 MDT Page 1 of 5 **Division of Corporations**



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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067

: (407)370-3686

Fax Number

: (407)370-3120

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

Email Address: PRIVATE Q LARSON ACC. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **R&E VENTURES LLC**

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COVER LETTER

TO: Registration Se Division of Cor			
R&E VENT	CURES LLC		
Jonatic I;	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	•	
	CAROLINE LARSON		
		Name of Person	
	LARSON ACCOUNTING	3 & CONSULTING SERVICES LL	C
		Firm/Company	
	7901 KINGSPOINTE PAR	RKWAY STE 17	
		Address	
	ORLANDO, FL 32819		
	· · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	PRIVATE@LARSONACC	COM to be used for future annual report notifi-	
F. C. d in C. m at		·	cation)
For turmer information co	oncerning this matter, please ca		
CAROLINE LARSON		407 370 3686 at ()	
Name of	Person	at () 370 3686 Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 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

From Larson Accounting 1.321.888.4919 Tue May 30 10:05:54 2017 MDT Page 3 of 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R&E	VE	NT	ΠR	F٩	Ιŧ	C
NEE	Y L		UK	1	1.4	а.

(Name of the Limi	ted Liability Compa (A Florida Limited)	hy as if now appears on gur r lability Company)	ecords.)		
The Articles of Organization for this Limited L Florida document number <u>L17000052442</u>	iability Company	were filed on 03/09/2017	and assigned		
This amendment is submitted to amend the fol-	owing:				
A. If amending name, enter the new name of	amending name, enter the new name of the limited liability company here: we name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.L.C." The new principal offices address, if applicable: Sipal office address MUST BE A STREET ADDRESS) The mean mailing address, if applicable: The mean mailing address MAY BE A POST OFFICE BOX) The mean mailing address MAY BE A POST OFFICE BOX) The mean mailing address and/or registered office address on our records, enter the name of the new ered agent and/or the new registered office address here: Name of New Registered Agent: Name of New Registered Agent: New Registered Office Address: LARSON ACCOUNTING & CONSULTING SERVICES THE PORT ADDRESS AGENT ACCOUNTING & CONSULTING				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"1.1.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli-	enble:	7901 KINGSPOINTE PA	ARKWAY		
(Principal office address MUST BE A STREE	ET_ADDRESS)	SUITE 17			
Enter new mailing address, if applicable: (Muilling address MAY BE A POST OFFICE BOX)		7901 KINGSPOINTE PA	ARKWAY		
		principal offices address, if applicable: office address MUST BE A STREET ADDRESS) mailing address, if applicable: ddress MAY BE A POST OFFICE BOX) ending the registered agent and/or registered office address on our records, enter the name of the new			
		ORLANDO, FL 32819			
registered agent and/or the new registered of	ffice address her	<u>e</u> :			
Name of New Registered Agent:	LARSON ACCOUNTING & CONSULTING SERVICES				
New Registered Office Address:	7901 KINGSP				
		Emer Florida street	address		
	ORLANDO		_,		
		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

From Larson Accounting 1.321.888.4919 Tue May 30 10:05:54 2017 MDT Page 4 of 5 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>	Name	Address	Type of Action
AMBR	ROBERTA VIEIRA ALMEIDA	411 SE MIZNER BLVD	Add
		SUITE 72	□ Remove
		BOCA RATON, FL 33432	Chinge
AMBR	Elinaldo Damascena Santos	411 SE MIZNER BLVD	
		SUITE 72	□ Remove
		BOCA RATON, FL 33432	■ Change
			□ Add
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			Change
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ife: -	I the date inserted in this block does not meet the applicable statutory filing requirements, this date will	noi be	listed a
cum	m's effective date on the Department of State's records.		
rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t	he ea	rlier
The	90th day after the record is filed.		
.ta.l	My 22 nd 2017		
nea_	May, 22 2017.		
	Signature of a member of authorized representative of a member		
	Signature of a cocurect or remainized representance of a memori		
	4.0.00		

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Filing Fee: \$25.00