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SECRETARY OF STATE

D. BRUCE APR 04 2017

COVER LETTER

Div	ision of Corp	orations			
SUBJECT:	VENTO 7 LI	LC			
SUBJECT:		Name of Lim			
The enclosed	l Articles of A	mendment and fee(s) are sub	emitted for filing.		
Please return	all correspond	dence concerning this matter	to the following:		
		LUIS MALAZZO			
			Name of Person		
			Firm/Company		
		175 SW 7 ST SUITE 2011			
	Address				
		MIAMI FL 33130			
			City/State and Zip Code		
		E il -dd i	to be used for future annual report notificat		
				CAHA	77
For further in	iformation cor	ncerning this matter, please ca	all:	ASS	-
CONSTANZ	ZA PROFETA		305 6298191 at ()	33.50 SEC. 0.32	
	Name of I	Person		lephone Number	
Enclosed is a	check for the	following amount:		2	ž.
■ \$25.00 F	iling 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

TO:

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

VENTO 7 LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our re l Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compan Florida document number L1000057808.	y were filed on 03/13/2017	and assigned
Γhis 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 Liah	sility Company "the designation"	I.I.C" or the abbreviation "I.I.C."
_	omty company, the designation	Ene of the abbreviation Extract
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		HE P
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		Pm 72
3. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		ords, enter the name of the n
Name of New Registered Agent:		·
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street aa	ldress
		, 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

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>	Address	Type of Action
AMBR	LUIS MALAZZO		
			Remove
		175 SW 7 ST #2011 MIAMI FL	Change
AMBR	CAROLINA MALAZZO		Add
			□ Remove
		175 SW 7 ST #2011 MIAMI FL	Change
MGR	ESTEBAN MALAZZO	175 SW 7 ST #2011 MIAMI FL	ALCE Add
			SS Remove
			Change
			□ Remove
			□ Change
			Add
			□ Remove
		 	□ Change
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cument's effective date	on the Department of	State's records.	,	, , ,		
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