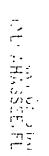


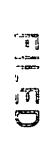
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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only









COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations					
	B AT VENETIAN BAY, LLC					
SUBJECT:	Name of Lim	ited Liability Company				
-						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	PETER MICELI					
		Name of Person		_		
		Firm/Company		_		
-	1742 S. WOODLAND BL	VD, SUITE 609				
		Address		_	2	
	DELAND, FL 32720			: <u>.</u>	022 JI	15
		City/State and Zip Code		- ::	F -	4.1
	PETER@MGROUPADVIS		· · · · · · · · · · · · · · · · · · ·	: Adviss	6	4 .,
For further information c	e-mail address: (oncerning this matter, please c	to be used for future annual report notifull:	reation)	000 000 000 000 000	2022 JUL -6 AH 10: 17	4
PETER MICELI		386 334-2975		Ĺ	17	
Name o	f Person		e Telephone Numbe	er		
Enclosed is a check for the	ne following amount:					
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Stat	us &	
Mailing Address Registration S		Street Address: Registration Sec				
Division of C P.O. Box 632	Corporations	Division of Cor The Centre of T				
1.O. DOX 032	, 1	THE COMIC OF I	ananassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Con	appears on our records.) opany)				
•	on <u>06/02/2017</u>	2017 and assign				
This amendment is submitted to amend the fol	lowing:					
The Articles of Organization for this Limited Liability Company were filed on 1.17000121086						
The new name must be distinguishable and contain the	words "Limited Liability Company	y." the designation "LLC" or t	he abbreviatio	on "L.L.(
Enter new principal offices address, if appli	cable:			202		
(Principal office address MUST BE A STRE	ET ADDRESS)		<u></u>	<u> </u>	7	
			THE THE PROPERTY OF THE PROPER	A		
67 67	•••	our records, enter the	name of the	e new r	 register	
Name of New Registered Agent:	PETER MICELI			_		
New Registered Office Address:	1742 S. WOODLAND BL	VD, SUITE 609				
	En	uer Florida street address				
	DELAND	Florida	a 32720	. ,		
	City		Zip (ode		

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	CHANTEL LOWEN	3545 LEGACY HILLS CT	= Add
		LONGWOOD, FL 32779	
			□Change
			□Add
			□Remove
			Change
			202 Premove
			Dhange Remove
			Remove
			□ Change
			□Add
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ective date, is a effective date is te: If the date sument's effect	listed, the dainserted in t	ite must be spec this block doc	of filing: _ cific and can es not meet	not be prior t the applica	o date of fili ble statuto	ng or more ry filing re	than 90 day	(option: 's after fill is, this d	ing.) Pursua	ant to 605 of be list	5,020 ted a
cord specifies s filed.	a delayed ef	ffective date.	but not an c	offective tir	ne, at 12:0	l a.m. on	he earlier	of: (b)	The 90th	day afte	er the
ed	W 1	7	10	2022	<u>.</u> •						
		()u	The	V- ber or autho	 						