L17000132850

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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

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COVER LETTER

TO: Registration So Division of Co			
	entures 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:	
	Cindy Sarsen		
		Name of Person	
		Firm/Company	
	2561 Sunny Creek Drive	,	
	Fleming Island FL 32003	Address	
	csarsen@sarsenlaw.com	City/State and Zip Code	
		to be used for future annual report notif	fication)
Cindy Sarsen	concerning this matter, please ca	มห: 813 453-7697 อเ ()	
Name (of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting 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

Bartolo Ventures LLC	
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L17000132850</u>	npany were filed on June 19, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	8 SECRE FA AUG 2
Enter new mailing address, if applicable:	조
(Mailing address MAY BE A POST OFFICE BOX)	8: 08
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	red office address on our records, enter the name of the new is here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
_	City Zip Code
New Registered Agent's Signature, if changing Registered A	sgent:

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
MGR	Matt Loder	333 #3rd Avenue North Suite 200, St. Petersburg, FL 33701	Add
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ffective date, if other than the an effective date is listed, the date must solve. If the date inserted in this blocument's effective date on the Document	t be specific and cannot be pock does not meet the app	olicable stanitory ti	(option r more than 90 days after it ling requirements, this	iling.) Pursuant to 605.02
e record specifies a delayed The 90th day after the rec	l effective date, but ord is filed.	not an effectiv	e time, at 12:01 a.	m. on the earlier
ated August 27	2018	·		
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Page 3 of 3

Filing Fee: \$25.00