L17000132850

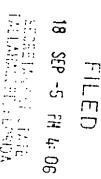
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COVER LETTER

SUBJECT:	Bartolo Vei	ntures LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Cindy Sarsen		
			Name of Person	
			Firm/Company	
		2561 Sunny Creek Drive		
		Fleming Island FL 32003	Address 3	
		csarsen@sarsenlaw.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please ea	all:	
Cindy Sars			813 453-7697	
	Name of	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 I	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)
	MAJLI	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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 Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on June 19, 2017 and assigned Florida document number L17000132850 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: New Registered Office Address: Enter Florida street address , Florida

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	Paul Bakkalapulo	9648 West Linebaugh, Tampa FL 33626	≣ Add
			□ Remove
			☐ Change
			Remove
			Change
			5 for Determove
			Ciri Degrinove
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ctive date, if other than the effective date is listed, the date must	date of filing:	(optional) of filing or more than 90 days after filing.	Pursuant to 605.02
e: If the date inserted in this blo	ock does not meet the applicable sta	nutory filing requirements, this date	will not be listed
ament's effective date on the De	partition of State's records.		
erord specifies a delayed	effective date, but not an e	ffective time, at 12:01 a.m.	on the earlier
ne 90th day after the reco			
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September 3	2018		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00