L17000145761

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S. WARREN AUG 0 8 2017

COVER LETTER

Registration Section

TO:

Divi	ision of Cor	porations		
	Venture Ser			
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	: !
		Damaso Blair Delgado		,
			Name of Person	
		V . 0 1 110		
		Venture Services LLC		
			Firm/Company	
		113 Sunburst Ct		
			Address	-
		Clearwater,FL 33755		
			City/State and Zip Code	
		blairdelgado.work@gmail.c		
		E-mail address: (to be used for future annual report noti	fication)
For further in	iformation c	oncerning this matter, please ca	ill:	
Damaso Blai	ir Delgado		512 3791736 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	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)
	Registr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Venture Services LLC

(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability		and assigned
Florida document number 1.17000145761	·	
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the I	imited liability company here:	
		11.11.11.11.01
The new name must be distinguishable and contain the words "	Elmited 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 AD	DRESS)	
		1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or re registered agent and/or the new registered office a		nter the name of the new
registered agent and/or the new registered office a	dures nere.	t.
Name of Nam Banistored Ament		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address	
•	thuer Furtau Meet autress	
	, Florid	la Zip Code
New Registered Agent's Signature, if changing Regist	·	rap crae
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist	d complete performance of my duties, and I d agent as provided for in Chapter 605, F.S ered office address, I hereby confirm that th	am familiar with and . Or - if this document is
company has been notified in writing of this chan	ge.	1:01. -7 []

If Changing Registered Agent, Signature of New Registered Sent

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	Ariel Boshoff	113 Sunburst Ct, Clearwater Fl 337 55	
			Remove
			Change
Mac	Grayson Austin	1807 Kendall Dr, Clearwater Fl. 33 755	
			Remove
			Change
	 		
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: If the date inser iment's effective d ecord specifies	er than the date of the date must be spotted in this block do late on the Departm is a delayed effecter the record is	need the apparent of State's reco	oplicable statutory ords.	filing requiremen	nts, this dat e wi	If not be listed
d		·	·			
	P.					17 AUG
A	Signat	ture of a member or	authorized represen	tative of a member	(m ² ,1	
Damaso Bh	Signat air Delgado		authorized represen		Hassin o	

Filing Fee: \$25.00