L17000201007

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COVER LETTER

	vision of Corp				
SUBJECT:	Venus A & A LLC				
SUBJECT		Name of Lim	ited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	n all correspor	ndence concerning this matter	to the following:		
		JANET DOHERTY			
			Name of Person	_ 	
			Firm/Company		
		1518 GULF BLVD			
			Address		
		INDIAN ROCKS BEACH	I, FL 33785		
			City/State and Zip Code		
		JAN@JANDOHERTY.CO			
		E-mail address: (to be used for future annual report noti	fication)	
For further i	information co	oncerning this matter, please ca	all:		
JANET DO	HERTY		941 720-1597 at ()		
	Name of	Person		e Telephone Number	
Enclosed is	a check for th	e following amount:			
\$25.00	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)	

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

VENUS A & A LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company velocida document number <u>L17000201007</u>	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
	-4
(Mailing address MAY BE A POST OFFICE BOX)	
	7.5 7.5
B. If amending the registered agent and/or registered off	•••
registered agent and/or the new registered office address here	3.
	:. ::
N. CN. D. L. LA	· · · · · · · · · · · · · · · · · · ·
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 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	Membe

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ANNIKA ROGERS	320 GULF BLVD BELEAIR SHO	Add
			□ Remove
		50% OWNERSHIP	Change
MGR	ARIYANA SAINT JENNINGS	320 GULF BLVD BELLEAIR SHO	Add
			Remove
		50% OWNERSHIP	■ Change
			🖸 Add
			Remove
			Change
			□ Ådd
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			Remove
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tive date, if other than the date of filing	. 09/28/17		,	(optional)	
Tective date is listed, the date must be specific and	cannot be prior to	date of filing or	more than 90 day	s after filing.) Pe	arsuant to 605.
If the date inserted in this block does not ment's effective date on the Department of St		le statutory fil	ling requirement	s, this date wil	il not be liste
cord specifies a delayed effective d	ate, but not a	an effective	e time, at 12:	:01 a.m. on	the earlie
e 90th day after the record is filed.					
OCTOBER 17	2017				
		. •			

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Typed or printed name of signee

Filing Fee: \$25.00