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(Rec	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

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TO:	Regis Divis	tration Section of Corp	tion orations					
		/ENUE2120						
SUBJE		CENUISZTZU	/ L.I.A.					
			Name of Lim	ited Liability Company				
The end	closed A	Articles of A	mendment and fee(s) are sub	omitted for filing.				
Please	return a	Il correspon	dence concerning this matter	to the following:				
			ADRIENNE ADMAN					
				Name of Person				
			VENUE2120 LLC					
				Firm/Company				
			183 BIRMINGHAM DRI	VE				
				Address				
			KISSIMMEE, FL 34758					
				City/State and Zip Code				
			VENUE2120@YAHOO.Co				207	
			E-mail address: (to be used for future annual report notif	ication)	: :	<u>7:</u> ∵	
For fur	ther inf	ormation cor	ncerning this matter, please c	all:		`	2021 007 14	*
ADRIE	ENNE A	ADMAN		407 837-0241 at ()		•	11.0	
		Name of I	Person	Area Code Daytimo	: Telephone Number	•	1,5	عيد مد
Enclose	ed is a c	theck for the	e following amount:				to LO	
À \$2.	5.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	S60.00 Fil		15 <i>K</i> ·	
			or only	(additional copy is enclosed)	Certified (additional c	Copy		
	Maili	ng Address:		Street Address:				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VENUE2120 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 $\frac{10/18/2017}{1}$ and assigned Florida document number L17000215415 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," N/A 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ADRIENNE ADMAN	183 BIRMINGHAM DRIVE	= Add
		KISSIMMEE, FL 34758	□Remove
			≣ Change
MGR	CONNELL ADMAN	183 BIRMINGHAM DRIVE	= Add
		KISSIMMEE, FL 34758	□Remove
			□Change
			□Add
			□Remove
			□ Add
			□ Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change

	
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	Pursuant

Typed or printed name of signee