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SECRETARY OF STATE
DIVISION OF CORPORATIONS

N COOPER

JUL 03 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VENECIANO PROPERTY LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANCISCO ANDINO

Name of Person

NEXGEN ACCOUTANTS LLC

Firm/Company

3505 SOUTHSIDE BLVD SUITE 7

Address

JACKSONVILLE, FL 32216

City/State and Zip Code

INFO@NGA1040.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANCISCO ANDINO at (904) 619-2675

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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**

VENECIANO PROPERTY 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 03/30/2018 and assigned
Florida document number L18000081749.

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 "L.L.C."

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

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 Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	PEREZ MILANO, ESTEFFANY	3333 EXCALIBUR WAY	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	QUINTERO DE NIETO, ANA M	3333 EXCALIBUR WAY	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32223	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRET
DIVISION OF INFORMATION

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated JUNE 27 2018

Stephane M. Reiz
Signature of a member

Signature of a member or authorized representative of a member

PEREZ MILANO, ESTEFANNY

Typed or printed name of signee