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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 30 PM 3:12

M. MILLIGAN
MAY - 2 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NGDB VENTURES 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:

EDWARD GRACE

Name of Person

Firm/Company

101 BRADLEY PLACE, SUITE 211A

Address

PALM BEACH, FL 33480

City/State and Zip Code

NED@AUSMERICALLC.COM

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

For further information concerning this matter, please call:

EDWARD GRACE

321 377-6502
at ()

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

and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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>
MGR	LLC, AUSMERICA P, IV	333 FERN ST, SUITE 2004	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BARR, DAMIEN	3215 VINCENT RD	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33405	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GRACE, EDWARD P, IV	333 FERN ST, SUITE 2004	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BARR, DAMIEN	3215 VINCENT RD	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33405	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated APRIL 26, 2018

Edw R. R.

Signature of a member or authorized representative of a member

EDWARD P GRACE IV

Typed or printed name of signee

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