L18000166188

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Dc	ocument Number)	
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Certified Copies	Cartificator	of Status
Certified Copies	_ Certificates	S Or Status
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Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



200410164432

LLC Amend

A. RAMSEY
JUN 28 2023

RECEIVED AN 8: 36

X02250,00524,00671

(850) 524-6243 Please use funds from account: 120210000160: 35.00 Authorization Signature:
VENTURE WATERSPORTS LLC | L18000166188 VENTURE WATERSPORTS LLC / DOC# Business Certified Copy Certificate of Status **AMENDMENTS NEW FILINGS** X Amendment **Profit Corp** Not for Profit Resignation of R.A. or member ___ Dissolution Officer/Director Change of Registered Agent Limited Liability Revocation of Dissolution Domestication _ __Merger Other __ Conversion CORP Amended and restated Articles LLLP **Statement of Correction OTHER FILINGS** REGISTERATION/QUALIFICATIONS Trademark Annual Report Foreign filing _Limited Partnership Reinstatement Fictitious Name APOSTILLE Other **COUNTRY**

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

EXAMINIER'S INITIALS:

(850) 524-5437

TALLAHASSEE, FL 32309

COVER LETTER •

TO: Amendment Section **Division of Corporations**

NAME OF COR	RPORA	TION: VENTURE WATE	RSPORTS LLC	
		R: 1.18000166188		
The enclosed Art	icles of	Amendment and fee are sul	omitted for filing.	
Please return all (correspo	ndence concerning this mat	ter to the following:	
	C	ARMEN TINOCO ZARYC	UH	
			Name of Contact Person	1
	VI	ENTURE WATERSPORTS	SLLC	
			Firm/ Company	
	35	50 NW 85TH CT #551	, ,	
	_		Address	
	De	ORAL.FL 33122		
	_		City/ State and Zip Cod	e
	V	ENTUREWATERSPORTS	@GMAIL.COM	
		E-mail address: (to be us	ed for future annual report	notification)
For further infor	mation c	oncerning this matter, pleas	se call:	
CARMEN TING	СО		786	454 6993
N	lame of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a che	eck for t	he following amount made	payable to the Florida Dep	artment of State:
S35 Filing F	ee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Amend Division P.O. B	ng Address Iment Section on of Corporations ox 6327 assec FL 32314	Amend Division The C	Address dment Section on of Corporations centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



June 26, 2023

FLORIDA CAPITAL COURIER SERVICES INC

TALLAHASSEE, FL 32309

SUBJECT: VENTURE WATERSPORTS LLC

Ref. Number: L18000166188

We have received your document for VENTURE WATERSPORTS LLC and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

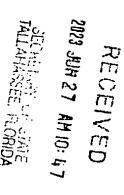
The form that you submitted is incorrect. It is for a corporation and your entity is a limited liability company. I have enclosed the correct form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey OPS

Letter Number: 823A00014362



. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Venture Water	Sports	11C	2023 JUN 27	AM 8: 43
(Name of the Limited E	Liability Compan Florida Limited Li			CONSTAINE FELFICIENT
The Articles of Organization for this Limited Liabi	ility Company v	were filed on	10JUL 2018	and assigned
Florida document number <u>L/8000 \ 661</u>	88			
This amendment is submitted to amend the followi	ing:			
A. If amending name, enter the new name of th	e limited liabil	ity company here:		
The new name must be distinguishable and contain the word	s "Limited Liabili	ty Company," the design	nation "LLC" or the abb	eviation "L.L.C."
Enter new principal offices address, if applicabl		3550 /	VW 85+h	C+ 12.4
(Principal office address MUST BE A STREET A	<u>ADDRESS)</u>	# 551 	Uoral, F	23122
Enter new mailing address, if applicable:		3550 NI	1 54	ct
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	# 551 [Doral, FL 3	7/27
B. If amending the registered agent and/or regi agent and/or the new registered office address b		ddress on our reco	rds, <u>enter the name</u>	of the new register
Name of New Registered Agent:	Carm	en Tinoc	o, Zaryo	٠٢,
New Registered Office Address:	3550	NW { Enter Florida	35th ct	#F SS/
	Dord	City	Florida	33/22 Zip Code
New Registered Agent's Signature, if changing Res	vistered Agent:	•		

New Registered Agent's Signature, it 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>	Name	Address	Type of Action
	Carnen Timoso Zagouh	3550 NV 85+L ct	Add
16R/AMBR Carmen Timoso Zargo		# 551 Doc FL 3:	¥27 □Remove
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
]Change
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			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
	
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Note: If the date	if other than the date of filing:
ecord is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 2	23 D.UN 2023.
	Signature of a member or authorized representative of a member
 -	Typed or printed name of signee