

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
,
(Business Entity Name)
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(Document Number)
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COVER LETTER

	Venfloorida (Constructions LLC			
SUBJECT: _		· · · · · · · · · · · · · · · · · · ·			
		Name of Limi	ited Liability Company		
The enclosed .	Articles of Ar	mendment and fee(s) are sub-	mitted for filing.		
Please return a	ıll correspond	ence concerning this matter i	to the following:		
		Jose Andrade			
			Name of Person		
			Firm/Company		
		3593 Conroy Road APT 4.	• •		
			Address		
		Orlando, Florida 32839			
		City/State and Zip Code			
		venfloorida@gmaif.com			
		E-mail address: (t	o be used for future annual report notifi-	cation)	
For further inf	ormation con	cerning this matter, please ca	ıll:		
Jose Andrade	:		321 315-0052		
			at ()		
	Name of P	erson	Area Code Daytime	Telephone Number	
Enclosed is a	check for the	following amount:			
□ \$25.00 Fil	ing 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

TO:

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

TO ARTICLES OF ORGANIZATION OF

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Venfloorida Constructions LLC		生产 第 円
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	30 30
The Articles of Organization for this Limited Liabil Florida document number		FILE Day SER 30 Presigned NSSLE, 11, 01104
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e 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	2:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, Flori	da

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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR ·	Laimar Gabriela Silva Contreras	12603 Lake Square Cir apt 106 Orlando, Florida 32821	\B Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			Remove
			□ Change
			□ Remove
			Change
			□ Remove
			□ Change
			Add
			□ Remove
			Change

• '	
	<u> </u>
	
	(19/13/2019
E. Effec	tive date, if other than the date of filing: (optional) Therefore 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 ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) In	e 90th day after the record is filed.
Date	d
Date	'·································
	- Praw
	Signature of improduct ar authorized representative of a member
	JOSE ANDRADE
	Typed or printed name of signee

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Filing Fee: \$25.00