## 118000217352

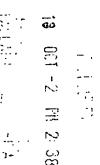
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OCT 1 / 2018

## **COVER LETTER**

TO:		stration Sec sion of Corp				
enni		VENTURE	HOMES REALTY LLC			
SOBI	ECT:		Name of Lim	ited Liability Company		<del></del>
The ei	nclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please	return	all correspor	ndence concerning this matter	to the following:		
			Christopher Moliver			
			VENTURE HOMES REA	Name of Person		
			8131 S.W. 203 STREET	Firm/Company		
			CUTLER BAY, FL 33189	Address		
			chrismoliver1537@gmail.	City/State and Zip Code com		<del></del>
			E-mail address; ()	to be used for future annual r	report notification)	
For fu	irther in	formation co	ncerning this matter, please ca	all:		
Chris	tophe I	Moliver			3-3594	
		Name of	Person	Area Code	Daytime Telepho	ne Number
Enclos	sed is a	check for th	e following amount:			
<b>■</b> \$2	25.00 Fi	ling Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$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

VENTURE HOMES REALTY LLC	
( <u>Name of the Limited Liability</u> (A Florida I	v Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number L18000217352	ompany were filed on 09/12/2018 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "Lib.C."
Enter new principal offices address, if applicable:	<u></u>
Principal office address MUST BE A STREET ADDRI	ESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<del></del>
	ered office address on our records, enter the name of the
egistered agent and/or the new registered office addre	ess here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Plante
<del></del>	, Florida

## 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>	Address	Type of Action
MGR	David A. Moliver	8131 S.W. 203 STREET CUTLER BAY, FL 33189	<b>=</b> Add
			□ Remove
			Change
MGR	Christopher Moliver	8131 S.W. 203 STREET CUTLER BAY, FL 33189	
			■ Remove
			☐ Change
			En Add
			2 Ti
			P Change
			Add
			□ Remove
		<del></del>	☐ Change
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			□ Change
	<del></del>		Add
			☐ Remove
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			2
Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blodocument's effective date on the Do	be specific and cannot be prior to dook does not meet the applicable	(opti ate of filing or more than 90 days afte statutory filing requirements, thi	r filing.) Pursuant to 605,0207
ne record specifies a delayed The 90th day after the reco		n effective time, at 12:01	a.m. on the earlier of
September 25	2018		
Zaica	111-		
	(Molev		

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Typed or printed name of signee

Filing Fee: \$25.00