# L18000 266349

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



100329282841

05/17/19--01011--010 ++25.00

UUN 2013 Walanta ay

# **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	HSN VE	NTURES, LLC .	
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	How	ARD S. NEWHAR	<u>/</u>
		VENTULES, LCC Firm/Company	
	3050	N. FEDERAL H	Krauja Y
	L-IGHT.	City/State and Zip Code  City/State and Zip Code  Code	- 33014
	HNEWMAN E-mail address: (	to be used for future annual report notif	l, OOM
For further information	concerning this matter, please c		
HOWARD	NEWHAN	at ( <u>IS4</u> ) <u>448</u> — Area Code Daytimo	2014
Name (	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional 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

(Name of the Limited Liability Company as it now appears on our records.) 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 "L.I.C" or the abbreviation "L.I.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 Cirv

### 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 adde or removed from our records:						
	MGR = Manager AMBR = Authorized Member					
Title	<u>Name</u>	Address	Type of Action			
MGL	HARVEY A. NEWYIND	1240 N.E. HILLCREST LAWE SENSEN GEACH, FL 3495	🗆 Add			
		VENSEN SEACH, FIL 3495	Remove			
			Change			
			□ Remove			
			Change			
			□ Remove			
			D Change			
			D Add			
			□ Remove			
			Change			
			□ Add			
			Remove			
			□ Change			
			Add			
			_□ Remove			
			_□ Change			

D. Han	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(II an ei <u>Note:</u>	tive date, if other than the date of filing:  (optional)  fective 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)  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.
(f the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	<u>5/13</u> <u>2019</u>
	Signature of a member or authorized representative of a member
	,
	HOWARD S. NEWMAN  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00