# L190000793

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# **COVER LETTER**

## TO: **Registration Section Division of Corporations**

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SUBJECT:	NuVenture !	Financial Group, LLC			
		Name of Lim	ited Liability Company	<del></del>	
The enclosed	l Articles of /	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Robert E. Horne Jr.			
			Name of Person	<u> </u>	
		NuVenture Financial Grou	p. LLC		
		-	Firm/Company		
		13241 Bartram Park Blvd, Suite 913			
			Address		
		Jacksonville, FL 32258			
			City/State and Zip Code	<del></del>	
		bob@nuventurefinancialgro			
		E-mail address; (	to be used for future annual report no	tification)	
For further in	iformation co	ncerning this matter, please ca	ıll:		
Bob Horne			904 253-7600 at ()		
	Name of	Person	Area Code Daytii	ne Telephone Number	
Enclosed is a	check for the	e following amount:			
<b>愛</b> \$25.00 F	iling 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NuVenture Financial Group, LLC		2000 0 28 ···· 7: 15		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our reco oility Company)	<u>ords.)</u>		
the Articles of Organization for this Limited Liability Company we lorida document number H49000001388 L19000000793	ere filed on January 2, 2019	and assigned		
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liabilit	y company here:			
ne new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L	L.C. or the abbreviation "L.L.C."		
nter new principal offices address, if applicable:	<u> </u>			
Principal office address MUST BE A STREET ADDRESS)				
-	· · · · · · · · · · · · · · · · · · ·	<del></del>		
nter new mailing address, if applicable:				
. If amending the registered agent and/or registered office add tent and/or the new registered office address here:		er the name of the new registe		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street addr			
	, Florida			
	City	Zip Code		
ew Registered Agent's Signature, if changing Registered Agent:				
hereby accept the appointment as registered agent and agree to visions of all statutes relative to the proper and complete per except the obligations of my position as registered agent as proving filed to merely reflect a change in the registered office ad	rformance of my duties, wided for in Chapter 605	and I am familiar with and 5, F.S. Or, if this document is		

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 renioved from our records:

MGR = Manager AMBR = Authorized Member

Title '	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Robert E. Horne Jr.	13241 Bartram Park Blvd, Suite 913	□ Add
		Jacksonville, FL 32258	
			<b>■</b> Change
		<del></del>	
			□Remove
			□ Change
			∐Add
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ffective date, if other than the an effective date is listed, the date mislote: If the date inserted in this becomment's effective date on the I	st be specific and c lock does not me	annot be prior to et the applicat	date of filing or mole statutory filin	ore than 90 days	optional) after filing.) Pursuan , this date will not	it to 605,0207 ( be listed as t
record specifies a delayed effecti d is filed.	ze date, but not a	n effective tim	e, at 12:01 a.m. (	on the earlier o	f: (b) The 90th d	ay after the
December 22		2023				
ated	<del>-</del> · · ·					
rated Peteriner 22	1	<b>.</b>				
rated	Signature of a me	mber or authori	zed representative	of a member		