L19 000/52203

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Division of Co		, ***	,
SUBJECT:	RDEN LLC		
SOURTICET.	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	EUQUEDIA GALARRAC	JA DELGADO	
		Name of Person	
	VENEGARDEN LLC		
		Firm/Company	
	1631 CALLIE CT		
		Address	
	ORLANDO, FL 32703		
		City/State and Zip Code	
	ELOISAGALARRAGA026		
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
JULIANA GARCES		407 300-3900	
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount		
■ \$25,00 Filing Fee	S30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Talfahassee, 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

VENEGARDEN LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/07/2019 and assigned Florida document number _____1.19000152203 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 "LLC" or the abbreviation "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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, <u>enter the title, name, and address of each person_being add or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Euquedia Galarraga Delgado	1631 Callie Ct. Orlando Fl 32703	■ Add
			Remove
			☐ Change
AMBR	Victor Nieto Martinez	1631 Callie Ct, Orlando Fl 32703	∩ Add
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ote: If the date inserted in this	ne date of filing: aust be specific and cannot be prior to date of filing block does not meet the applicable statutory Department of State's records.	(optional) g or more than 90 days after filing.) Pursuant to 605.0; filing requirements, this date will not be listed
record specifies a delay The 90th day after the r		ive time, at 12:01 a.m. on the earlier
July 01	2019	
	ictor Visto Martinez Signature of a member or authorized represen	
	 Signature of a member of authorized/represent 	native of a member

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Filing Fee: \$25.00