

## L19 000 167 836

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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September 5, 2024

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom it May Concern:

Accompanying please find the following:

- Check number 6172 payable to Division of Corporations for \$55.00 for Amendment to Articles of Organization of Bamberg Family Ventures LLC.
- Cover letter and Articles of Amendment
- Additional copy of Cover letter and Articles of Amendment to certify

Please contact me if you have any questions. Thank you!

Sincerely,

Madi Cona

Office Administrator

**Enclosures** 

## **COVER LETTER**

Division of Co			
SUBJECT:	Bambera f	Amily Ventures Le ed Liability Company	LL
The enclosed Articles o	of Amendment and fee(s) are subm	nitted for filing.	
Please return all corresp	pondence concerning this matter to	o the following:	
	<i>Ch</i>	Name of Person	
	C0	na LAW PLLL Firm/Company	
	3765	Airport Road Suit	e 201
	N	gle), Hu 74105 City/State and Zip Code	
	E-mail address: (to	DMdegemm be used for future annual deport notific	is @ gmail.com
For further information	concerning this matter, please cal		
Ch.	OS CONA	at (239) 234-Area Code Daytime	6822 Telephone Number
Enclosed is a check for	_		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	25\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, Fl. 1	orations Hahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Compa (A Florida Limited I	Family Ventury as it now appears on our inability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	<del></del>	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	MA	2024 SEI
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	12 PK L: 38
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>c</u>	enter the name of the new registe
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida street (	address
New Registered Agent's Signature, if changing Registered Agent:	City	_, Florida Zip Code
I hereby accept the appointment as registered agent and agro provisions of all statutes relative to the proper and complete		

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 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

Title	Name	Address	Type of Action
MGR	Denisc Debemmis	793 Walkerbilt Rd. #F8	M∕Add
		Naples, Fla 34110	□Remove
			□Change
MGR	Denn'is Bamberg	193 Walkerbilt Rd. #F8	□Add
U	U	193 Walkerbilt Rd. #F8 NAGIE, Fla 74110	Kemove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			🗖 Remove
			□Change
			□Add
			□Remove
			DChange
			□Add
			□Remove
			□ Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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,	<del></del>
(It an et Note:	ive date, if other than the date of filing:    Date of Filing (optional)
f the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	Signature of meinber or authorized representative of a member
	Signature of member or authorized representative of a member
	•
	Chiji CONA CSG PAN 0141178

Filing Fee: \$25.00