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PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	

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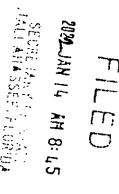


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COVER LETTER

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P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

SUBJECT:		OMEPLACE NEW, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Laketric Allen			
		Name of Person			
	VENT	URE SOMEPLACE NEW, LLC			
		Firm/Company			
	601 S H	ARBOUR ISLAND BLVD, STE 109			
		Address			
		TAMPA, FL 33602			
		City/State and Zip Code			
	•	nyenturesomeplacenew.com			
		to be used for future annual report notification)			
For further information of	concerning this matter, please c	all:			
Laketric Alle	en	813 540-4488 at ()			
Name o	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 & ☐ \$60.00 Filing Fee Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee Certificate of St Certified Copy (additional copy is enclosed)	atus &		
Mailing Addres		Street Address: Registration Section			
Division of C		Division of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VENTU	JRE SOMEPL.	ACE NEW, LLC			
(<u>Name of the Limited L</u> (A F	iability Compa: Torida Limited I	ny as it now appea liability Company)	rs on our records.)		
he Articles of Organization for this Limited Liabil orida document number	lity Company	were filed on	January 22, 2020		and assigned
nis amendment is submitted to amend the following	ng:				
. If amending name, enter the new name of the	e limited liab	ility company h	<u>ere</u> :		
ne new name must be distinguishable and contain the words	s "Limited Liabil	ity Company." the o	designation "LLC" or th	e abbrevia	ation "L.L.C."
nter new principal offices address, if applicable	e:	601 S HARBO	UR ISLAND BLVD		
Principal office address MUST BE A STREET A		STE 109			
	<u> </u>	TAMPA, FL 3	3602	Fs.	202
nter new mailing address, if applicable:		601 S HARBO	UR ISLAND BLVD	CHE IN	
Aailing address MAY BE A POST OFFICE BO.	<u>X)</u>	STE 109		mine mine	<u> </u>
		TAMPA, FL 3	3602	73 (-	
3. If amending the registered agent and/or regisgent and/or the new registered office address h	stered office : <u>ere</u> :	address on our i	records, <u>enter the n</u>	ame of	ည် တ the new regis
Name of New Registered Agent:		·			
New Registered Office Address:	601 S HARBOUR ISLAND BLVD, STE 109				
	Enter Florida street address				
_	,	ТАМРА	, Florida		
		City		Zi	ip Code

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>	<u>Address</u>	Type of Action
MGR		601 S HARBOUR ISLAND BLVD	□Add
		STE 109	□Remove
		TAMPA, FL 33602	
			□Add
			Remove
			☐ Change
			□ Add
			Remove
			□Change
			□ Add
			□Remove
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			□Add
			□Remove
			□Add
			Remove
			Change

Page 2 of 3

Feetive date, if other than the date of filing: January 1, 2021 (optional) In effective 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 605.02 to: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. January 10 2022 Signature of a sheigher or authorized representative of a member					
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Filing Fee: \$25.00