## L20000046152

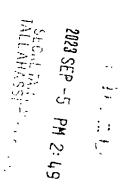
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Special Instructions to	- Ciling Officer:	
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Office Use Only



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## **COVER LETTER**

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TO: Registration Section
Division of Corporations

Tallahassee, FL 32314

NEW DOO SUBJECT:	R VENTURES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	KRISTHINE E ROSARIO	CUEVAS	
		Name of Person	<del></del>
	NEW DOOR VENTURES	,	
		Firm/Company	-
	401 EAST JACKSON STI	REET, SUITE 2340	
		Address	
	TAMPA, FL 33602		
		City/State and Zip Code	
	ADMIN@NEWDOORVEN		
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
KRISTHINE E ROSARI	IO CUEVAS	727 485-7959 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	.7	The Centre of	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li (A F	ability Company as it now appears on our orida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabili	ty Company were filed on 02/10/2020	and assigned
lorida document number L20000046152	<del></del> '	
his amendment is submitted to amend the followin	g:	
. If amending name, enter the new name of the	limited liability company here:	
N/A		
he new name must be distinguishable and contain the words	"Limited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable	. N/A	2023 \$
Principal office address MUST BE A STREET A	DDRESS)	
		(A)
		P
nter new mailing address, if applicable:	N/A	
<u>Mailing address MAY BE A POST OFFICE BOX</u>	2	<u> </u>
Mailing address MAY BE A POST OFFICE BOX  3. If amending the registered agent and/or registered and/or the new registered office address he	ered office address on our records,	
Name of New Registered Agent: N	/A	
New Registered Office Address:		
	Enter Florida stree	address
		, Florida
	City	Zip 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>	Address	Type of Action
MGR	KRISTHINE E ROSARIO CUEVAS	401 E JACKSON ST, SUITE 2340	□Add
		TAMPA, FL 33602	□Remove
		50%	<b>≅</b> Change
MGR	EMIL S CASTILLO 50%	401 E JACKSON ST, SUITE 2340	□Add
		TAMPA, FL 33602	□Remove
		50%	= Change
MGR	ROBERT PORTES 25%	11212 GOLD COMPASS ST	□Add
		GIBSONTON, FL. 33534	≡Remove
			□Change
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Tective date, if other than the date of filing:		(optio		
an effective date is listed, the date must be specific and cannot be prion ote: If the date inserted in this block does not meet the appli				
ocument's effective date on the Department of State's records		equirements, una	date will no	i de listed i
record specifies a delayed effective date, but not an effective	ime, at 12:01 a.m. on	the earlier of: (b)	The 90th o	lay after th
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ated,,	<u></u> ·			
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Signature of a member or auth	orized representative of	a member		<del></del>

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