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COVER LETTER

Division of Corp	orations		
SUBJECT: VEN	ICE AERO GRE	oup LLC	
X 1554.X.1.	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	WINSLO	W GEOFFREY M	
		Name of Person	
		Fum Company	
	1532 USHW	441 BYPRES SOUTH	UNIT 129
		Address	
	VENICE	PL 34293 City State and Zip Code LOVD GUY GEOFF.	
	Cross-Wa O	City State and Zip Code	CON
	E-mail address: (1	to be used for future annual report notif	ication)
For further information co	neerning this matter, please ea	dl:	
GEOFFREY	M. WINSLOW	847 867-	3499
Name of	Person	at (847) <u>867 –</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount		
X 525 00 Filing 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	: .	Street Address:	

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

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

VENICE AERO GROW L	上 し	
tName of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>i_2</u> COOO 144 [43].		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here: N/h	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	DO NOT CHANGE	
(Principal office address MUST BE A STREET ADDRESS)	·	2020
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:	DO NOT CHANGE	<u> </u>
(Mailing address MAY BE A POST OFFICE BON)		
		ယ
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new registere
Name of New Registered Agent:		
New Registered Office Address: Enter Florida street address		
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and Lan provided for in Chapter 605, F.S. O.	r familiar with and r, if this document is

company has been notified in writing of this change.

hlk

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>	Name	<u>Address</u>	Type of Action
MBR	GALY L. PALINKAS	2371 SCENIC DRIVE	XAdd
		VENICE FL34293	TiRemove
			L'Change
			JAdd
			, Remove
			DChange
· — —			□Add
			[] Remove
			Change
			CAdd
			[2]Remove
			Change
			CAdd
			/ Remove
			' Change

NA	
	
	
	
DO NOT CHANGE	
F. Effective date, if other than the date of filing: 5/27/2020 (optional)	
(If an 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of, (b) The 90th day a record is filed	after the
Dated JUNE 9 1 2020	
Leffy M. Whit	_
Signature of a member or authorized representative of a member	
GEOFFREY M. WINSLOW Typed or printed name of signee	_