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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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FILED

2021 JAN -4 PM 3: 10

SECREJARY OF STATE
TALLARIAS OF STATE

JAN 0 7 17 1



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 16, 2021

STEVEN A. RAMUNNI P.O. BOX 1118 LABELLE, FL 33935

SUBJECT: MAIN STREET LIMITED VENTURES, LLC

Ref. Number: L21000467221

We have received your document for MAIN STREET LIMITED VENTURES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong filing form was submitted. I am enclosing the correct form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 721A00030453

Neysa Culligan Regulatory Specialist III 11:31 NA P-1:11 5003

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION FILED 2021 JAN -4 PM 3: 10

May Consorting WE WIT I C SECRETARY OF STATE

(Name of the Limited Liability Compa	inv as it now appears on our records. ASSEE, ELL Liability Company)
(A riorida Limited I	ыаошку Сопірану;
The Articles of Organization for this Limited Liability Company	were filed on $\frac{10 17 1}{100}$ and assigned
Florida document number <u>L 2100 046</u> 7221.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
MAIN STREET LIMITED VENTURES IL, LL The new name must be distinguishable and contain the words "Limited Liabi	c
The new name must be distinguishable and contain the words "Limited Liabi	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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a	address on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Pagistanad Office Address	
New Registered Office Address:	Enter Florida street address

	, Florida

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 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
			□Add
			□Remove
			Change
			□Remove
			☐Change
			□Add
			□Remove
			□Change
		·	□Add
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Effective date, if other than the date of filing: 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 605.020 Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The record specifies a delayed effective dates, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rid is filed. Dated Signature of a member or authorized representative of a member STEVEN A. DAMNUM, Typed or printed name of signee	_	
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Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	Dated	12/2/2/
		Signature of a member or authorized representative of a member
STEVEN H. KAMUNN,		

Filing Fee: \$25.00