

W22000057170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2022 NOV 18 AM 7:14
CLERK OF STATE
TALLAHASSEE, FL

A. E. L.

NOV 21 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Home Venue, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ahmed Daashoush

Name of Person

Home Venue, LLC

Firm/Company

6251 Palm Trace Landings Dr Apt 220

Address

Davie, FL 33314

City/State and Zip Code

ahmed-daashoush@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ahmed Daashoush

646 2589390
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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:

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

Street Address:

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

FILED

2022 NOV 18 AM 7:15

Home Venue, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

STATE OF FLORIDA
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 02/02/2022 and assigned
Florida document number L22000057170

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

1850 SW Aledo Ln

Apt 5206

Port Saint Lucie, FL 34953

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1850 SW Aledo Ln

Apt 5206

Port Saint Lucie, FL 34953

B. If amending the registered agent and/or registered office 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 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 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

(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 605.0207 (3)(b)

If the record 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 record is filed.

Signature date: 11/10/2022

Signature of a member or authorized representative of a member

Typed or printed name of signee

Cover Letter

Name: Ahmed Daashoush

Business Name: Home Venue, LLC

Return Address:

1850 SW Aledo LN Apt 5206

Port Saint Lucie, FL 34953

Daytime Phone Number: 646-258-9390



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2022

AHMED DAASHOUSH
1850 SW ALEDO LN
APT 5206
PORT SAINT LUCIE, FL 34953

SUBJECT: HOME VENUE, LLC
Ref. Number: L22000057170

We have received your document for HOME VENUE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 522A00020734

RECEIVED
SEP 18 PM 12:50
2022