## L22000471879

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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CONTRACTOR THE GOVERNMENT

2022 NOV 16 AN 7:09

A. BUTLER FEB - 1 2023

## COVER LETTER

TO: Registration S Division of Co				
Venture To	owing LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	Rurik Wagner			
	Name of Person			
	Firm/Company			
	625 E. Twiggs St. Ste. 1000 93470			
	Address			
	Tampa, FL 33602			
	rurik.wagner@gmail.com	City/State and Zip Code	_	
	• –	to be used for future annual report no	otification)	
For further information	concerning this matter, please c	all:		
Rurik Wagner	Rurik Wagner 727 277-0500			
Name (	of Person	at () Area Code Daytime Telephone Number		
Enclosed is a check for t	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 Addre	<del></del>	Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2022 NOV 16 AM 7: 09

VentureTowing LLC

company has been notified in writing of this change.

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

(A Florid	da Limited Liability Compan	y) ; ·	,
The Articles of Organization for this Limited Liability	Company were filed on	02 November 2022	and assigned
Florida document number L22000471879	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company	here:	
VentureMarine L.L.C.			
The new name must be distinguishable and contain the words "Li	mited Liability Company," th	ne designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
			_
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<del> </del>		
B. If amending the registered agent and/or register		r records, enter the nam	e of the new register
agent and/or the new registered office address here	:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter i	Florida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Register	red Agent:		
I hereby accept the appointment as registered agen	nt and agree to act in th	is canacity. I further as	ree to comply with t
provisions of all statutes relative to the proper and	3		
accept the obligations of my position as registered			

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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	Address	Type of Action
<del></del>			\ \ \ \ Add
		<del> </del>	□Remove
			□Change
	<del></del>		□ Add
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		,	
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			Change
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			□ Change

	Offer Services for boats including, maintenance, restoration, troubleshooting, sea trials, and
oth	her related services.
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uneffecti <u>ote:</u> If 1	date, if other than the date of filing:(optional)  ive 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 ( the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
cument	s effective date on the Department of State's records.
ecord sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	November 2022
. 11	
ated 11	· · · · · · · · · · · · · · · · · · ·
nted 11	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

## **COVER LETTER**

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	istration Se sion of Cor			
SUBJECT:	Kennet	h wayne brown Jr		
		Name of Lin	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Kenne	eth wayne brown Jr	
			Name of Person	
		Elite Decisions D	oispatch services LL(	
			Firm/Company	- <del> </del>
		PMB 1077 1000	Brickell ave ste 715	5
			Address	
		Miami FL 33131		
		·	City/State and Zip Code	
		Ask@elitedecisionsdi		
		E-mail address: (	to be used for future annual re	eport notification)
For further in	formation co	oncerning this matter, please c	all:	
Kenr	neth wayr	ne brown Jr	at ( 786 )	310-8588
	Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 Fi	iling Fee	\$30.00 Filing Fee &     Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &
Mailing Address: Registration Section		<u>Street Ad</u> Registrat	dress: tion Section	
Division of Corporations		Division of Corporations		
P.O	. Box 632	7	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303