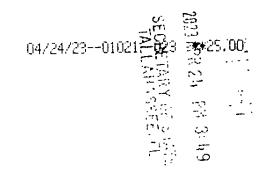
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(Request	or's Name)	
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PICK-UP] WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to Filing	Officer:	

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COVER LETTER

TO: Registration Se Division of Cor			
CALD ID CO	VENESAR LE	EWIS LAC	
SUBJECT:		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:	
	VENESAR	LEWK RAPHIA	<u>Z</u>
	1/5/1FRAV	I FIGHT LLC	TALL TREE
	101000	LEWIN LLC- Firm/Company	
	8321 TURTU	OISE ISLE CT. Address	The same of the sa
	<u> </u>	Address	
	LEHIGH	City/State and Zip Code	
	VEN VENTA 16	to be used for future annual report noti	,
For further information c	e-mail address: (neation)
VENESAL RA	HÜMVIEL	at (239) 8 498	971
	f Person		e 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee. l	FI 3/314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VENE AR (Name of the Limite	Huld Luc d Liability Compan A Florida Limited L	y as it now app	ears on our re	cords.)	
The Articles of Organization for this Limited Liz Florida document number <u>L 2300018</u>	ability Company v			_	and assigned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company	here:		2673 N
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ty Company," th	e designation "	LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:				
(Principal office address MUST BE A STREE)	<u>r Address)</u>				
					1 111
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE I	<u>30X)</u>	<u> </u>			
			<u>.</u>		
B. If amending the registered agent and/or reagent and/or the new registered office address		ddress on our	records, <u>er</u>	iter the na	me of the new registered
Name of New Registered Agent:	VENESA 8321 TU	R RA	PHAEL		
New Registered Office Address:	8321 T	RIVISE	1SLE	CT·	
	LEHICH	ACKES	lorida street ac	dress , Florida _	33972
		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>	<u>Address</u>	Type of Action
AMBR_	VENESTR RAPHAEL	8321 TORTOISE ISLE OF 939	22 Add
			□Remove
			□Change
			□Add
		TAL	□ Remove
			∐Add
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	SEC. 23
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing.	(optional) ng or more than 90 days after filing.) Pursuant to 605.020
te: If the date inserted in this block does not meet the applicable statutor tument's effective date on the Department of State's records.	ry thing requirements, this date will not be fisted :
cord specifies a delayed effective date, but not an effective time, at 12:01 s filed.	(a.m. on the earlier of: (b) The 90th day after th
ied	
Signature of a member or authorized represe	