## L23000379348

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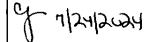




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## **COVER LETTER**

Division of Cor			
SUBJECT: VE	NICE MARINE I	HOLDINGS, LLC	······
	Name of Lin.	inca macamy 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:	
	WILLIAM 5	YLVESTER  Name of Person	
	VENICE MA	RINE HOLDINGS, L	LC
		Firm Company	
	615 POINSE	TTIA DR	
		Address	
	VENICE FL	34285 City/State and Zip Code	
	WRSYLVESTE E-mail address:	RSR1947@ GMA to be used for future annual report not	IL.COM
For further information c	oncerning this matter, please c		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	-		
WILLIAM	PLYESTER	at ( <u>703</u> ) <u>346</u> Area Code Daytin	-6557
,vame e	i Person	Area Code Dayini	te retepnone Number
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	(1) \$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

VENICE MARI	NE HOLDINGS, L	LC 4654, 11. 16 14 5:06
(Name of the Limited Lia (A Flo	ability Company as it now appears on orda Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabilit		11 2023 and assigned
This amendment is submitted to amend the following	j.	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words "  Enter new principal offices address, if applicable:  (Principal office address MUST BE, A STREET AD)		ation "L.I.C" or the abbreviation "L.IC."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ds, enter the name of the new registere
Name of New Registered Agent:	<u></u> -	
New Registered Office Address:	Enter Florida s	treet address
		. Florida
<del>-</del>	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 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
AMBR	RICHARD H. McNAMARA	314 PARKOALE DR.	□Add
		VENICE, FL 34285	Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
		<del></del>	
			□Remove
			□Change
	<del></del>	<del></del>	□Add
			🗆 Remove
			□Change
<del></del>			🗆 Add
			□Remove
			□Change

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	<del></del>
(If an effecti Note: If t	date, if other than the date of filing:
ord is filed.	
Dated	JULY 13  2024  W.R. Sylvester  Signature of a member or authorized representative of a member  UILLIAM R. Sylvester JR.  Typed or printed name of signee
	W.R. Sylvestal
	Signature (p) a thember of authorized representative of a member
	WILLIAM K. SYLVESTER UR.

Filing Fee: \$25.00