## L24000390245

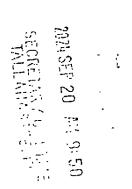
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Registration Division of C			
VENUSI	LAND SOUND LLC		
SUBJECT:		nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	mitted for filing.	
	spondence concerning this matter		
	Enrique Portnoy		
		Name of Person	
	VENUSLAND SOUND I	1.0	700 SS 20
		Firm/Company	三 三 三
	2222 QUAIL ROOST DR		
		Address	
	WESTON - FLORIDA 33	327	letter (* 1500) Topics (* 1500)
		City/State and Zip Code	
		to be used for future annual report notific	ation)
For further information	concerning this matter, please c	alf:	
ENRIQUE PORTNOY		561 8276617 at ()	
Name	of Person	Area Code Daytime	Celephone Number
Enclosed is a check for	the following amount:		
<b>■ \$25.00</b> Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	© \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addr</u> Registration		Street Address: Registration Secti	ion
Division of	Corporations	Division of Corpo	orations
P.O. Box 63 Tallahassee.		The Centre of Tal	
rananassee.	CT 1, 242 14	2415 N. Monroe S	Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Venusland Saind LL	<u>ر</u>	
(Name of the Limited Liability Comp (A Florida Limited	iany as it now appears on our reco Haability Company)	ords.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L24000</u> 3 90 245	y were filed on <u>9-6-24</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	nility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SEC ST
Enter new mailing address, if applicable:		20
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	PENS
_		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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LUCIANO CIVELLI	2222 QUAIL ROOST DR - WESTON	<b>≣</b> .∧dd
		FLORIDA - 33327	Remove
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	<del></del>		🗀 Add
			Remove
			[] Change
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			□Remove
			☐ Change
			□Add
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	1.3
fective date, if other than the dat	te of filing: (optional)
in effective date is listed, the date must be s	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)( does not meet the applicable statutory filing requirements, this date will not be listed as the
cument's effective date on the Depart	tment of State's records.
ecord specifies a delayed effective dat is filed.	te, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
SEPTEMBER 12	2024
ated	= 11
	nature of a member or authorized representative of a member

Filing Fee: \$25.00