

L24000 428393

Division of Corporations

**Florida Department of State
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Fax Number : (877)919-2613

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Email Address: EFILE1234@INCFILE.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE VENUS CORNER LLC**

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REC. 12/06/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE VENUS CORNER 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:

LOVETTE DOBSON

Name of Person

17350 STATE HWY 249 STE 220

Firm/Company

Address

HOUSTON, TX 77064

City/State and Zip Code

EFILE1234@INCFIL.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON

at (1) 888-462-3453

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
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(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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(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**

THE VENUS CORNER LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/03/2024 and assigned
Florida document number L24000428393.

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)

7750 Nw 78th Ave Apt 103

Tamarac, FL 33321

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7750 Nw 78th Ave Apt 103

Tamarac, FL 33321

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:

Davina Yacab

New Registered Office Address:

7750 Nw 78th Ave Apt 103

Enter Florida street address

Tamarac

Florida 33321

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.

Davina Yacab

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>	<u>Type of Action</u>
AMBR	Venus Comer	8255 W Sunrise Blvd #1041	<input type="checkbox"/> Add
		Plantation, FL 33322	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Davina Yacab	7750 Nw 78th Ave Apt 103	<input checked="" type="checkbox"/> Add
		Tamarac, FL 33321	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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