

N11400000053103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

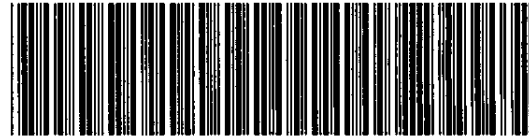
(Business Entity Name)

(Document Number)

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10/22/14--01016--003 **43.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 NOV 17 PM 2:19

Amend/cc
10 11.17.14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **Venture Vocational Institute, Inc.**

DOCUMENT NUMBER: **N14000005363**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marc A Spiewak

(Name of Contact Person)

Venture Vocational Institute, Inc.

(Firm/ Company)

200 S Park Road Suite 465

(Address)

Hollywood FL 33021

(City/ State and Zip Code)

marcspiwak@gmail.com

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

For further information concerning this matter, please call:

Marc A Spiewak

(Name of Contact Person)

at **954 445-4016**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☒ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed)

RECEIVED

AM 10: 51

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 4, 2014

MARC A. SPIEWAK
VENTURE VOCATIONAL INSTITUTE INC
200 S. PARK ROAD - STE. 465
HOLLYWOOD, FL 33021

SUBJECT: VENTURE VOCATIONAL INSTITUTE, INC.
Ref. Number: N14000005363

We have received your document for VENTURE VOCATIONAL INSTITUTE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check only 1(one) box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 514A00023543

RECEIVED
14 NOV 17 PM 1:28
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
14 NOV 17 PM 2:19
DIVISION OF CORPORATIONS

Venture Vocational Institute, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N14000005363

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

200 S Park Road Suite 465

Hollywood FL 33021

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

200 S Park Road Suite 465

Hollywood FL 33021

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

200 S Park Road Suite 465

(Florida street address)

New Registered Office Address:

Hollywood

(City)

, Florida 33021

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TR</u>	<u>Marc A Spiewak</u>	<u>200 S Park Road Suite 465</u> <u>Hollywood FL 33021</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TR</u>	<u>Candida Girouard</u>	<u>200 S Park Road Suite 465</u> <u>Hollywood FL 33021</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TR</u>	<u>Victor Hugo De Aza</u>	<u>200 S Park Road Suite 465</u> <u>Hollywood FL 33021</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

FEI# 47-1015085

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 11/12/14

Signature [Signature]

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Marc A Spiewak

(Typed or printed name of person signing)

President

(Title of person signing)