

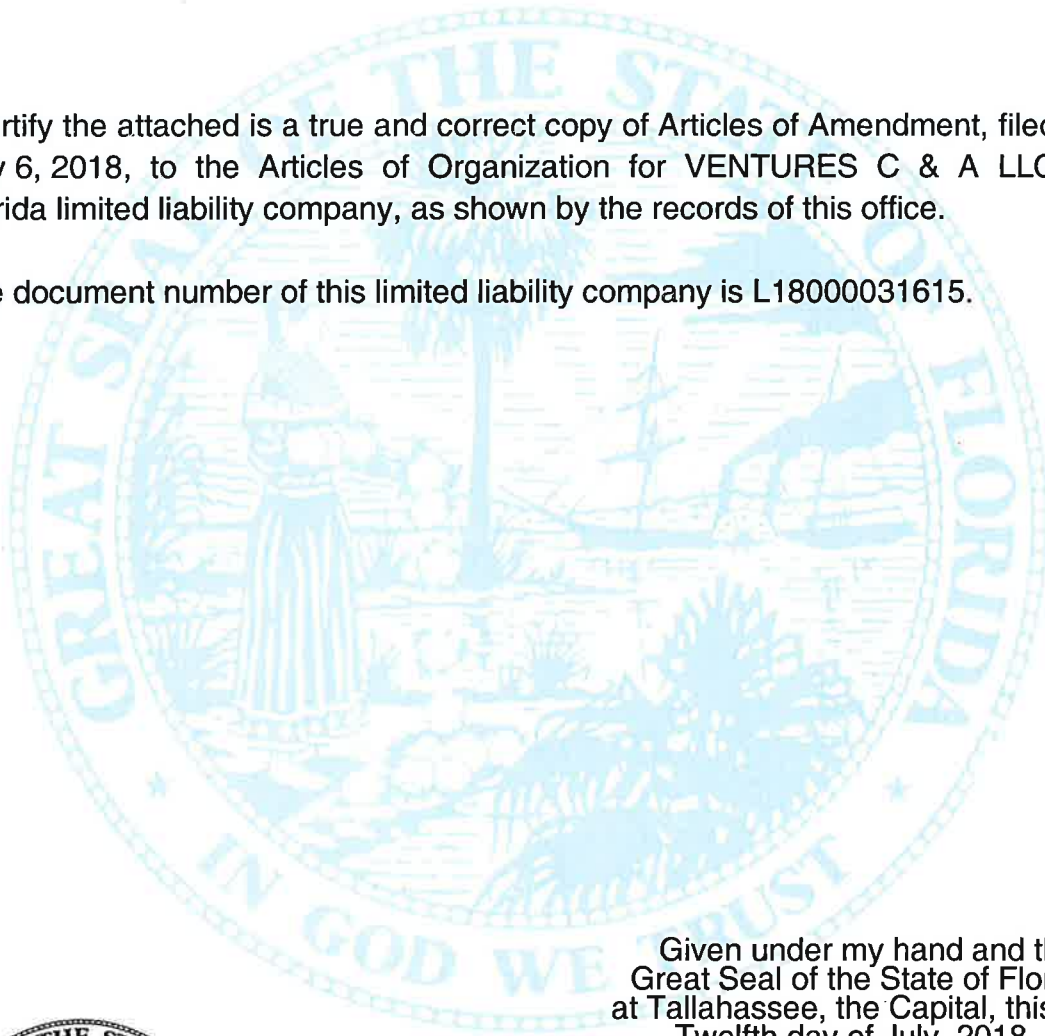
State of Florida



Department of State

I certify the attached is a true and correct copy of Articles of Amendment, filed on July 6, 2018, to the Articles of Organization for VENTURES C & A LLC, a Florida limited liability company, as shown by the records of this office.

The document number of this limited liability company is L18000031615.



Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twelfth day of July, 2018



CR2EO22 (1-11)

Ken Detzner

Ken Detzner
Secretary of State

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Ventures C & A 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 02/05/2018 and assigned
Florida document number L18000031615

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)

10360 SW 186 ST # 970326

MIAMI, FL 33197

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 970326

MIAMI, FL 33197

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:

New Registered Office Address:

10360 SW 186 ST # 970326

Enter Florida street address

MIAMI

City

Florida 33197

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>	<u>Type of Action</u>
MGR	NIURKA CASTANEDA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		PO BOX 970326, MIAMI, FL 331	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ARTICLE III: Replace with:

Any and All Lawful Business

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated Jul 2 2018



Signature of a member or authorized representative of a member

Niurka Castaneda

Typed or printed name of signee

L18000031615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 10 2018

7/12/18

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ventures C & A 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:

NIURKA CASTANEDA
Name of Person
Ventures C & A LLC
Firm/Company
PO Box 970326
Address
Miami, FL 33197
City/State and Zip Code
ventures.c.a.llc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NIURKA CASTANEDA at (786) 445-2364
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L18000031615
FILED 8:00 AM
February 05, 2018
Sec. Of State
cmwood

Article I

The name of the Limited Liability Company is:

VENTURES C & A LLC

Article II

The street address of the principal office of the Limited Liability Company is:

19050 SW 125 AVE
MIAMI, FL. 33177

The mailing address of the Limited Liability Company is:

19050 SW 125 AVE
MIAMI, FL. 33177

Article III

Other provisions, if any:

REAL ESTATE INVESTMENT AND PROPERTY MANAGERMENTS

Article IV

The name and Florida street address of the registered agent is:

NIURKA CASTANEDA
19050 SW 125 AVE
MIAMI, FL. 33177

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: NIURKA CASTANEDA

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
NIURKA CASTANEDA
19050 SW 125 AVE
MIAMI, FL. 33177

L18000031615
FILED 8:00 AM
February 05, 2018
Sec. Of State
cmwood

Article VI

The effective date for this Limited Liability Company shall be:

02/04/2018

Signature of member or an authorized representative

Electronic Signature: NIURKA CASTANEDA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.