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18 OCT 29 AH II: OE SEUMETARY OF STATE TAIL AHASSEE, FLORID

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COVER LETTER

Div	ision of Cor	porations				
 empherer	FLAMING GALAH GROUP LEC Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		DANY ABRAHAM				
			Name of Person			
		KSDT & COMPANY				
			Firm/Company			
		1625 N COMMERCE PK	WY SUITE 315			
			Address			
		WESTON, FL 33326				
			City/State and Zip Code			
		DABRAHAM@KSDT-CP				
		E-mail address. (to be used for future annual report notifi	cation)		
For further in	iformation c	oncerning this matter, please co	all·			
DANY ABE	RAHAM		305 670-3370			
	Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling 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:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLAMING GALAH GROUP ELC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our recor a Limited Liability Company)	dc) ∑s
	mined maonity Company)	.
The Articles of Organization for this Limited Liability C	Company were filed on 03/22/2018	and Issi and T
Florida document number 1.18000074382	·	11 29 SSE
This amendment is submitted to amend the following:		AH II: 08
A. If amending name, enter the new name of the lim	ited liability company here:	形 0 形 0
FnGEA Ventures LLC		≽ ′ ∞
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LL	C" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis		ds. enter the name of the new
registered agent and/or the new registered office add	ress nere:	
Name & Street Designation of the second		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
		lorida
	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 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>	Type of Action
MGR	GEA VENTURS LLC	1625 N COMMERCE PKWY	5
<u> </u>		SUITE 315	
			☐ Remove
		WESTON, FL 33326	Change
MGR	LIVILLE LLC	1625 N COMMERCE PKWY	
		SUITE 315	
		-	Remove
		WESTON, FL 33326	Change
MGR	DAVID MICHAEL FILIPENKO	1625 N COMMERCE PKWY	-
		SUITE 315	
		WESTON, FL 33326	Change
MGR	ANDREW MICHAEL ROBERTS	1625 N COMMERCE PKWY	□ Add
		SUITE 315	U Xau
		WESTON DE 2227	
		WESTON, FL 33326	□ Change
MGR	TIMOTHY W. JAMES	1625 N COMMERCE PKWY	Add
		SUFTE 315	L Aud
		WESTON, FL 33326	Remove
		WISTON, 1 E 55520	□ Change
	-		🗖 Add
			□ Remove
			Change

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ffective date, if oth	ner than the date of filing: _ d, the date must be specific and can:		(optional)	ſ
<u>lote:</u> If the date inse:	d, the date must be specific and can rted in this block does not meet date on the Department of State	the applicable statutory	g or more than 90 days after filing r filing requirements, this date) Pursuant to 605.0207 will not be listed as
e record specifies The 90th day af	s a delayed effective date ter the record is filed.	e, but not an effect	ive time, at 12:01 a.m.	on the earlier of
09/26	2	018		
		1		

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Typed or printed name of signee

Filing Fee: \$25.00