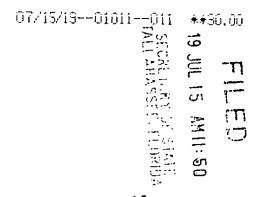
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COVER LETTER

SUBJECT:	IQUE VENTURES, LLC		
	Name of Lin	uited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Izi Pinho		
		Name of Person	
	Pinho Law, PLLC		
		Firm/Company	
	6965 Piazza Grande Aven	ue, Suite 203	
		Address	
	Orlando, FL 32835		
	izi@pinholaw.com	City/State and Zip Code	ytime Telephone Number S60.00 Filing Fee. Certificate of Status &
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Izi Pinho		321 209-8282 at ()	
Name	of Person		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)	

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

ECLECTIQUE VENTURES, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L19000087656</u> .	y were filed on MARCH 29, 2019	and assigned
his 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	pility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	<u></u>	
	<u> </u>	19 SCC
Enter new mailing address, if applicable:		· 5 元
Mailing address MAY BE A POST OFFICE BOX)	-	75, 25 M
		AD:: 50
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address he	office address on our records, <u>en</u> <u>re</u> :	ter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	ı
	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
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		ORLANDO, FL 32821	
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If an effective Note: If the	date is listed, the e date inserted i	han the date of the date must be specificated the block does on the Department	ific and cann is not meet t	he applicat	date of filing de statutory	or more than filing requir	(optio 90 days after t ements, this	iling.) Pun	suant to not be	605.0207 listed as
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Filing Fee: \$25.00