## L210000000502

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## **COVER LETTER**

TO: Registration So Division of Cor				
(24745-4427)	ST VENTURE LLC			
SUBJECT:	Name of Lim	nited Liability Company	_	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	LEO TEINEIRA			
		Name of Person		
	MIGHTY SOLUTIONS			
	Firm/Company			
	601 MARKET ST SUITE 470204			
	Address		<del></del>	
	CELEBRATION, FL 347-	<b>1</b> 7		
		City/State and Zip Code		
	INFO@MIGHTYSOLUTIO			
	E-mail address: (	(to be used for future annual report notification)		
For further information of	concerning this matter, please c	all:	ارن ارن	
LEO TEIXEIRA		407 6552255 at ( )	· · · · · · · · · · · · · · · · · · ·	
Name (	of Person	Area Code Daytime Telephone Num	ber 23	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certification	Filing Fee. ficate of Status & fied Copy final copy is enclosed)	
<u>Mailing Addre</u> Registration	Section	Street Address: Registration Section		
Division of C	•	Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARBTRUST VENTURE LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000090502	were filed on $\frac{02/23/2021}{}$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	200 BISCAYNE BLVD SUITE 402	
(Principal office address MUST BE A STREET ADDRESS)		
	MIAMI, FL 33131	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
-		
B. If amending the registered agent and/or registered office :	· · · · · · · · · · · · · · · · · · ·	
agent and/or the new registered office address here:	2; 05	
Name of New Registered Agent:		

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

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

\_. Florida \_

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>	Name	Address	Type of Action
MGR	STORCK DA SILVA, GABRIEL	7408 SW 189th Terrace	□ Add
		Cutler Bay, FL 33157	□Remove
		US	<b>≡</b> Change
	<del></del>		□Add
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	(optional) rior to date of filing or more than 90 days after filing.) Pursuant to 605.6 blicable statutory filing requirements, this date will not be listed rds.
cord specifies a delayed effective date, but not an effective filed.	re time, at 42:01 a.m. on the earlier of: (b) The 90th day after
ed MAY 15TH . 2023	Day John

Filing Fee: \$25.00