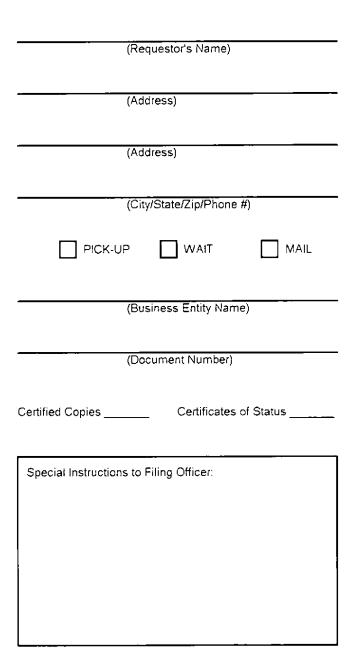
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Registration Section

TO:

Division of Cor	porations		
RGTEX LI	_C		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	IHSAN OZEV		
		Name of Person	
	RGTEX LLC	Name of Person Firm/Company S ROAD SUFTE A14 #6004 Address N, FLORIDA 33434 City/State and Zip Code EVENTURESLLC@GMAIL.COM mail address: (to be used for future annual report notification) ster, please call: at (
		Firm/Company	
	8903 GLADES ROAD SU	JUTE A 14 #6004	
		Address	
	BOCA RATON, FLORID	A 33434	
		,	
		-	frestion)
For further information c	oncerning this matter, please c		,
IHSAN OZEV		954 729-3542	
Name o	f Person	at ()	e Telephone Number
		July 3,710.	a reconstruction
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration 5			ction
Division of C			
P.O. Box 632			
Tallahassee, I	-L 32314	2415 N. Monro	e Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RGTEX LLC			
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records, mited Liability Company)	.)	
The Articles of Organization for this Limited Liability Con Florida document number L11000078900	npany were filed on 07/08/2011	an	d assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
IJ ENTERPRISE VENTURES LLC			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC"	or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>	<i>∵</i> [2	ນ ສ
			<u> </u>
			7
Enter new mailing address, if applicable:		开 <u>货</u> 公长	6 1
(Mailing address MAY BE A POST OFFICE BOX)		18G	<u> </u>
		ाता गहरी	<u> </u>
		1 2-1	<u></u>
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>enter t</u>	he name of the	e new registere
Name of New Registered Agent:			·
New Registered Office Address:			
	Enter Florida street address		
	, Flor	rida	
	City	Zip (ode .

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 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	Memher

Title	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			Change
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ocument's effective date on the Depa record specifies a delayed effective date	artment of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 6 attutory filing requirements, this date will not be list to be filled at the file of the file. 12:01 a.m. on the earlier of: (b) The 90th day af	isted as
d is filed.		V [
eatcd 05/01/2024	2:12 p.m.	Hur Cun	
Sig	gnature of a member or authorized i	epresentative of a member	