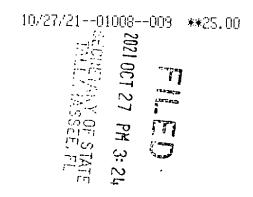
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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Y. SCOTT NOV - 8 2021

COVER LETTER

TO: Registration Section

Divis	ion of Corp	porations							
	True North	Ventures LLC							
SUBJECT: _		Name of Limi	ted Liability Con	прапу			-		
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing						
Please return a	all correspo	ndence concerning this matter	to the following	;;					
		Orie Attas							
			Name of P	'erson			- TAL	2021 OCT 27 PM 3: 2	
			Firm/Com	ıpany				Ē	
	2040 NE 163rd Street, Suite 202A							27 F	
Address							— [£. S	ΞĶ.	(
N Miami Beach, FL 33162								3: 24	
		·····	City/State and	Zip Code					
		oattas@gmail.com			Ta-		_		
		E-mail address: (to be used for fut	ure annual r	eport notific	ation)			
For further in	formation c	oncerning this matter, please c	all:						
Orie Attas			305 at (
	Name o	f Person		Code	Daytime *	Telephone Numi	ber		
Enclosed is a	check for tl	ne following amount:							
■ \$2 5.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status						tus &	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				Division The Cer 2415 N.	ntion Sect of Corp of tre of Ta	orations Illahassee Street, Suite	e 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

True North Ventures LLC			
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears on our re liability Company)	cords.)
The Articles of Organization for this Limited Liab	ility Company	were filed on February 25.	2013 and assigned
lorida document number L13000028344	·		
his amendment is submitted to amend the follow	ing:		
. If amending name, enter the new name of the	<u>ie limited liabi</u>	lity company here:	
ecreational Property Group LLC			(0, 0,
ne new name must be distinguishable and contain the word	ls "Limited Liabil	ity Company," the designation '	'LLC" or the abbreviation L.L.C."
nter new principal offices address, if applicab	le:	NO CHANGE	FA 8 71
rincipal office address MUST BE A STREET	ADDRESS)		2 72
		<u> </u>	SSO TO
			F Si
nter new mailing address, if applicable:		NO CHANGE	ن بن الم
<mark>1ailing address MAY BE A POST OFFICE BO</mark>	<u>)X)</u>		
		_	
If amending the registered agent and/or regi ent and/or the new registered office address b	istered office a iere:	ddress on our records, <u>ei</u>	iter the name of the new registe
	·		
Name of New Registered Agent:	NO CHANGE		
New Registered Office Address:	NO CHANGE		
		Enter Florida street ac	klress
_			, Florida
		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>	Address	Type of Action
	NO CHANGE		
			□Remove
			□Change
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effective date is listed, the date must te: If the date inserted in this blo	ek does n	iot meet t	he applica	ble statutor	ng or more in ry filing req	an 90 days uirements	atter tiling , this date	g.) Pursu: e will no	ant to 605.0. of be listed
ument's effective date on the De	artment	of State's	records.						
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Filing Fee: \$25.00