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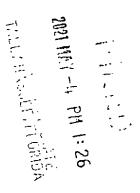
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Tu	MANAGEMENT	VENTURE LL	C
	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fec(s) are subn	nitted for filing.	
Please return all correspondent	ondence concerning this matter t	o the following:	
	MATIOS M	Name of Person	
		Name of Person	
	JW MANA6	EMENT VENTUR Firm/Company	E UC
		Firm/Company	
	345 NE	194 TH CAN.	<u></u>
	MIAMI	Goris 33.	179
	•		
	E-mail address: (to	ETACCOUNTING.	otification)
For further information c	oncerning this matter, please cal		,
MATIAS M	ONASTIRSMY f Person	at 1954, 505.	- 3219
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	ne following amount:		
S√\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

-	EMENT VENTURE LLC	
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records. a Limited Liability Company))
The Articles of Organization for this Limited Liability C	Company were filed on <u>5/19/2014</u>	and assigned
Florida document number <u>L14000080236</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	2021 11
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC"	or the abbreviation YL.L.C.
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDI	RESS)	11 : 26 10 26
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter tl</u>	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
 -	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 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 MGK TACCIFERY, MARTA E 345 NE 194TH LANE DAD _____ □Change MOR MONASTIRSKY MATIAS MIAMI GORIDA 33179 **2**Remove □ Change MGRM MMM MANAGEMENT GROWP LLC 323 5 215T AVENUE □Add □Remove __ □Add

										
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record spe	ecifies a delay	ed effective	date, but no	ot an effect	ive time, at	12:01 a.m.	on the earlie	er of: (b)	The 90th	ı day after t
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Filing Fee: \$25.00