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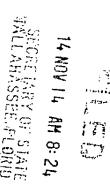
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J. Shivers NOV 2 0 2014

COVER LETTER

	istration Sectision of Corpo			
SUBJECT:	Yetti Vent	ures LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	I Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return	all correspond	dence concerning this matter t	to the following:	
		Kristine V. Sweatt		
			Name of Person	
		No Mytth Ventures		
			Firm/Company	
		719 US Highway 98	N	
			Address	
		Okeechobee, FI 349	972	
			City/State and Zip Code	
		nomytth@gmail.com	o be used for future annual report notific	cation
For further i	nformation coi	ncerning this matter, please ca		
Kristine \	/. Sweatt		863 763-1040	
	Name of 1	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	following amount:		
\$25.00 1	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yetti Ventures LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000156981	were filed on <u>08/04/2014</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	llity company here:	
No Mytth Ventures LLC		
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		SOR *
New Registered Office Francis.	Enter Florida street address . Florida	SSSV AVVI
	City	C Zip Bode
New Registered Agent's Signature, if changing Registered Agent:		E & & -4
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I opposited for in Chapter 605, F.S.	um familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = • Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** MGR David M. Sweatt 719 US Highway 98 N □ Add Okeechobee, FI 34972 □ Remove MGR Kristine V. Sweatt 719 US Highway 98 N □ Add Okeechobee, FI 34972 ☐ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove □ Add ☐ Remove

<u> </u>		
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Page 3 of 3

Filing Fee: \$25.00

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