## 4000156981

(Rec	questor's Name)	
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(City	y/State/Zip/Phone	<del>e</del> #)
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## **COVER LETTER**

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CI	ID IECT.		entures LLC		
SC	BJECT:		Name of Limi	ited Liability Company	•
Th	e enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Pie	ease retur	n all correspo	ndence concerning this matter	to the following:	
			Kristine Sweatt		
				Name of Person	
			No Myyth Ventures, LLC		
Firm/Company					<del>, , , , , , , , , , , , , , , , , , , </del>
			PO Box 1170		
				Address	
			Okeechobee, FL 34973		
				City/State and Zip Code	
			nomytth@gmail.com		
			E-mail address: (	to be used for future annual report not	ification)
Fo	r further i	nformation o	oncerning this matter, please ca	all:	
K	ristine Sw	veatt		863 532-5687 at ()	
Name of Person Area Code Daytime Telephone Number				ne Telephone Number	
En	closed is	a check for th	e following amount:		
	\$25.001	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

No Mytth Ventures, LLC				
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 10/02/2014	and assigned		
Florida document number L14000156981				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	312 SW 2nd Street			
(Principal office address MUST BE A STREET ADDRESS)	Okeechobee, FL 34974			
Enter new mailing address, if applicable:	PO Box 1170	≫ <i>o</i> ±		
(Mailing address MAY BE A POST OFFICE BOX)	Okeechobee, FL 34973	77 3		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, g	enter the name of the ne		
	_	: <b>20</b> TATE ORIO.		
Name of New Registered Agent:		, s. e		
New Registered Office Address:	Enter Florida street address			
	. Flori	da		
	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>	<u>Address</u>	Type of Action
MGR	Lori Blair Williams	PO Box 2293	■ Add
		Okeechobee, Fl 34973	□ Remove
			□ Change
MGR	Marcel Lionel LaRose	PO Box 2293	■ Add
		Okeechobee, Fl 34973	Remove
			☐ Change
AMBR	Brannon Lavere Sweatt	PO Box 1170	■ Add
		Okeechobee, Fl 34973	□ Remove
			☐ Change
<del></del>	-		Add
<del></del>			HAY OF STATE REPOVE
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ffective date, if other than the date of fil an effective date is listed, the date must be specific lote: If the date inserted in this block does no ocument's effective date on the Department of	and cannot be prior of the meet the application	to date of filing or nable statutory filin	ore than 90 days at	otional) der filing.) Purs his date will r	uant to 605.02 tot be listed
e record specifies a delayed effective The 90th day after the record is file		t an effective t	ime, at 12:0:	l a.m. on ti	ne earlier
ated May 16	2016				
	Swe 5	#			
Signature	f a member or autho	rized representative	of a member		<del></del>
	<b>\</b>				

Page 3 of 3

Filing Fee: \$25.00