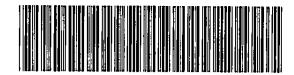
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LEMATHENT OF STATE
MYTSION OF CORPORATION
MALLAHASSEE, FLORIDA

2020 JAN -7 AM 8: 11

FEB 0 6 2020 S. YOUNG

COVER LETTER

TO:

Registration Section

Division of Corp	porations		
	COMPANY LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CLAYTON DINGLE		
	Name of Person		
	TSALACH COMPANY L	_C	
		Firm/Company	
	1835 NE MIAMI GARDE	NS DR #157	
		Address	
	MIAMI, FL 33179		
	du Githinkhan com	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	clay@thinkbcp.com E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
		21/	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:	1	
■ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Cou	rporations
Tallahassee,		2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

TSALACH COMPANY LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on June 29th, 2015 Florida document number __13 5000112009 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CARPE DIEM VENTURES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1835 NE MIAMI GARDENS DR #157 Enter new principal offices address, if applicable: MIAMI, FL 33179 (Principal office address MUST BE A STREET ADDRESS) 1835 NE MIAMI GARDENS DR #157 Enter new mailing address, if applicable: MIAMI, FL 33179 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: 1835 NE MIAMI GARDENS DR #157 New Registered Office Address: Enter Florida street address , Florida ³³¹⁷⁹ Zip Code MIAMI

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.

Circ

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
N/A	NOT APPLICABLE	NOT APPLICABLE	
		NOT APPLICABLE	□Remove
		NOT APPLICABLE	□Change
		·	□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			☐ Clunge
			□Add
			Remove
			□Change
			□Add
			Remove
			Change

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