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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

	Registration Se Division of Cor			
CLID IEC	AJI Venture			
SUBJEC	1:		ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		Adam Lieberman		
			Name of Person	
		AJI Holdings LLC		
			Firm/Company	
		500 E Kennedy Blvd Suite	300	
			Address	
		Tampa, Fl. 33602		
			City/State and Zip Code	
		adam@FTBservices.com		
		E-mail address: (to be used for future annual report notif	fication)
For furthe	er information c	oncerning this matter, please ca	all:	
Adam Lie	eberman		727 452-1569 at ()	
	Name o	f Person		e Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$ 25.0	00 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 Addres Registration S		Street Address: Registration Sec	ction
	Division of C		Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All Ventures, LLC				
(Name of the Limi	ited Liability Company as it now appear (A Florida Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited I.	Liability Company were filed on $\frac{7/2}{2}$	21/2015 and assigned		
Florida document number L15000122186	·			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liability company h	ere:		
AJI Ventures FTS, LLC				
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applie	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:		120		
(Mailing address MAY BE A POST OFFICE BOX)		722		
		=		
		records, enter the name of the new registered		
agent and/or the new registered office addre	ess here:	7.87		
		30 PATE		
Name of New Registered Agent:	FTB Holdings LLC			
New Registered Office Address:	500 E Kennedy Blvd Suite 300			
	Enter Florida street address			
	Tampa	, Florida ³³⁶⁰²		
	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
MGR	AJI Holdings LLC	500 E Kennedy Blvd Suite 300	□ Add
		Tampa FL 33602	Remove
			□Change
MGR	AJI Holdings FTS, LLC	500 E Kennedy Blvd Suite 300	∃ Add
		Tampa FL 33602	□Remove
			□Change
			□Add
			□Remove
			□ Change
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ctive date, if other than the defective date is listed, the date must be: If the date inserted in this bloomment's effective date on the Dep	be specific and cannot be does not meet the	ie applicable stat	f filing or more than 9 tutory filing require	(optional) 0 days after filing.) Pur- ments, this date will	suant to 605.02 not be listed
ord specifies a delayed effective filed.	date, but not an efi	fective time, at 1	2:01 a.m. on the ea	rlier of: (b) The 90t	h day after th
January 6	202	22			
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THE CAROL