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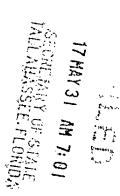
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Corpora	ations			
	Name of Limited	ntures i	LLC	
Sobject.	Name of Limited	Liability Company		
The enclosed Articles of Amo	endment and fee(s) are submitt	ted for filing.		
Please return all corresponder	nce concerning this matter to t	he following:		
	David	Brim		
-		Name of Person		
	David	ventura	25	
•		Firm/Company		
	470 Freeman	st.		
-		Address		
	ب مما	\ E1	37750	
-	Longue	Dod Fl Dity/State and Zip Cod	3213 <u>0</u>	
	davidad E-mail address: (to be			
	E-mail address: (to be	e used for future annu-	al report notification	1)
For further information conce	rning this matter, please call:			
David F	30m	.1117	445-8	9100
Name of Per	Srim	at (7 / &) _ Area Code	Daytime Telep	phone Number
Enclosed is a check for the fo	llowing amount:			
\$25.00 Filing Fee. E	3 \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is c		☐ \$60.00 Filing Ree, Certificate of Status & Certified Copy (additional copy is enclosed)
				(and the state of

MAILING ADDRESS:

TO:

Registration Section

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

Brim & MOH VENTURES		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the ab	breviation "F., L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	470 Freeman S Longwood Fl	5t. 32750
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	470 Freeman St. Longwood, Fl 32	2750
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		S 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
New Registered Office Address:	Enter Florida street address	2 7
	City , Florida	Zip Gode

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u> :	Name.	Address	Type of Action
MGR	Going UP Capital		Add
		470 Freeman St. Lorgand	Remove
			Change
MgR	Going UP Ventura LLC	470 Freener St. Longwood, F1 32750	Add
			Remove
			Change
MGR	David Wolf		□ Add
		681 Greywood Dr. F	Remove
			Change
MGR	Morrspear LLC	4120 N Goldwater Blud Scottsdale, AZ 85251	Add
			Premove.
			☐ Change
			□ Add
			.□ Remove
			☐ Change
			Add
			□ Remove
			Change

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Effective date, if other the (If an effective date is listed, the one in the content of the cont	late must be specific and ca this block does not mee	nnot be prior to d et the applicable			D) g.) Pursuan	u 10 605.020
the record specifies a de The 90th day after th		e, but not a	n effective time	, at 12:01 a.m	. on the	earlier (
Dated 5/251						
1	2	P		<u>.</u>		
/ W		11	5			

Page.3 of.3:

Typed or printed name of signee

Filing Fee: \$25.00