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COVER LETTER

TO: Registration S Division of Co			
	TNEY VIOLETTE VENTURES	S, LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	TINA SMITH, ESQ.		
		Name of Person	
	MERIDETH NAGEL, P./	۸.	
		Firm/Company	
	1201 W, HWY 50		
		Address	
	CLERMONT, FL 34711		
		City/State and Zip Code	
	VIOLETTE.COURTNEY@		
		to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Tina Smith		352 394-7408	e Telephone Number
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 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 Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

COURTNEY VIOLETTE VENTURES, LLC

2022 MAY 27 AM 10: 12

OLETTE VENTURES, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SECREMANCY OF STATE
TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 3/21/2016 and assigned Florida document number __L16000056386 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ____, Florida ___ City 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 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
AMBR	COURTNEY S. VIOLETTE	6000 COOK ROAD	□Add
		CLERMONT, FL34711	□Remove
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record	d specifies a delayed	effective date,	but not a	n effective t	me, at 12:01	a.m. on the	earlier of: (b)	The 90th	day after	the
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Typed or printed name of signee