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COVER LETTER

Tallahassee, FL 32314

TO: Registra Division						
	oby Vent	ture, LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed Arti	cles of A	amendment and fee(s) are sub	mitted for filing.			
Please return all co	orrespon	dence concerning this matter	to the following:			
		Garrick S. Keidan				
			Name of Person	· <u> </u>		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·		
		2117 NW 15th Pl				
			Address	· · ·		
		Homestead, FL 33030				
		gentin1034@gmail.com	City/State and Zip Code			22 SEF 19
For further inform	ation co	E-mail address: (ncerning this matter, please c	to be used for future annual all:	l report notrheatior	1}	
Garrick S. Keidan				99-5110		∧H 8: 34
	Name of	Person	at () Area Code	Daytime Telep	phone Number	- မှု
Enclosed is a chec	k for the	following amount:				
■ \$25.00 Filing	Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		S60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &
Mailing A			Street A			
Registra Division		ection orporations		ration Section on of Corporat	ions	
P.O. Bo				entre of Tallah		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Scooby Venture, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000008007	were filed on 01/05/2017	and assigned
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 the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1034 Guildford B	
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33434	
Enter new mailing address, if applicable:	1034 Guildford B	17/5/10 22 SE
Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33434	P #3 93 9
B. If amending the registered agent and/or registered office :	addraws on our records, enter the ne	mo of the new register
agent and/or the new registered office address here:	address on our records, enter the na.	ω =
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	
	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 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	Garrick S. Keidan	2117 NW 15th Pl	□Add
		Homestead, FL 33030	Remove
			□Change
MGR	Glen Entin	1034 Guildford B	■Add
		Boca Raton, FL 33434	Remove
			□Change
			Add Trail
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ective date, if other than the da	te of filing:	(optional)
		r more than 90 days after filing.) Pursuant to 605.0. ling requirements, this date will not be listed
cument's effective date on the Depar		, , , , , , , , , , , , , , , , , , ,
ecord specifies a delayed effective da is filed.	te, but not an effective time, at 12:01 a.m.	n. on the earlier of: (b) The 90th day after t
is fricu.		
ted September 13	2022	
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Danie	R S. Xector nature of a member or authorized representati	

Filing Fee: \$25.00