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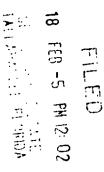
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| Special Instructions to | Filing Officer:    |             |
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Office Use Only



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## **COVER LETTER**

| Divi               | ision of Corp   | orations                                     |   |  |
|--------------------|---|--|---|--|
| SUBJECT:           |   | TURES, LLC                                   |   |  |
| SOBILCT.           | Name of Limited Liability Company  closed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:  LEON OJALVO  Name of Person  LANC VENTURES, LLC |  |   |  |
|                    |   |  |   |  |
| The enclosed       | Articles of 2   | Amendment and fee(s) are subn                | nitted for filing.  |  |
| Please return      | all correspoi   | ndence concerning this matter to             | o the following:  |  |
|                    |   | LEON OJALVO                                  |   |  |
|                    |   |  | Name of Person  |  |
|                    |   | LANC VENTURES, LLC                           |   |  |
|                    |   | _  | Firm/Company  |  |
|                    |   | 48 EAST FLAGLER STRE                         | EET PH-104  |  |
|                    |   |  | Address   |  |
|                    |   | MIAMI, FL 33131                              |   |  |
|                    |   |  | City/State and Zip Code   | <del></del>  |
|                    |   | LEON@LIBERTYBASE.CO                          |   |  |
|                    |   | E-mail address: (to                          | o be used for future annual report notific                          | ration)  |
| For further in     | nformation co   | oncerning this matter, please ca             | 11:   |  |
| LEON OJAI          | LVO   |  | 305 482-3828  |  |
|                    | Name of   | Person                                       | at ()Area Code Daytime 1  | l'elephone Number  |
|                    |   |  |   |  |
| Enclosed is a      | check for th  | e following amount:                          |   |  |
| <b>■</b> \$25.00 F | iling 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:

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

LANC VENTURES, 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  $\frac{02/10/2017}{}$ and assigned Florida document number 1.17000032837 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 ablifeviation ...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

#### 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>  | <u>Address</u>                           | Type of Action |
|------------------------|--------------|--|----------------|
| MGR Liberty Base Corp. |              | Base Corp. 48 East Flagler Street PH-104 |                |
|                        |              | Miami, FL 33131                          | Remove         |
|                        |              |  | ☐ Change       |
| MGR                    | Ojalvo, Leon | 48 East Flagler Street PH104             |                |
|                        |              | Miami, F1. 33131                         | Remove         |
|                        |              |  | ☐ Change       |
|                        |              |  | Add            |
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|                        |              |  | Change         |
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|                        |              |  | Remove         |
|                        |              |  | Change         |

| Effective date, if other than the date of filing:  February 10, 2017  (optional)  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. I) Tursuant to 605,0207  Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated  Signature of a nember or authorized representative of a member.  | · · ·  | <u> </u>        |                         |                    |                         |                 | -                        |
|--|--|-----------------|-------------------------|--------------------|-------------------------|-----------------|--------------------------|
| Effective date, if other than the date of filing:  February 10, 2017  (optional)  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.  Dated  February 1  2018   |  |                 |                         |                    |                         |                 | _                        |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00