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AUG 0 6 2018 S. YOUNG

COVER LETTER

Divi	sion of Corp	oorations	•			
SUBJECT:	StartUp N	lation Ventures LLC				
SOBJECT.		Name of Lim	ited Liability Company			
The enclosed	Articles of /	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		Vicki Rabenou, M.D.				
			Name of Person			
		StartUp Nation Venture	s			
		-12-7-10-1	Firm/Company			
	6555 Sanger Road, Suite 100					
			Address			
		Orlando, FL 32827				
			City/State and Zip Code	·	T≱: 18	
		Vicki@SUNV.IO E-mail address: (to be used for future annual report notific	cation)		77
For further in	iformation co	oncerning this matter, please ca	all:		JUL 30 Ku Line (AHASSEE	
Vicki Raber	nou, M.D.		at (813-505-0007			
	Name of	Person		l'elephone Number .	6: 39	
Englosed is a	check for the	e following amount:				
\$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

StartUp Nation Ventures LLC			
(Name of the Lim	ted Liability Company as it (A Florida Limited Liability	t now appears on our records.) y Company)	
The Articles of Organization for this Limited L	iability Company were	filed or 02/24/2017	and assigned
Florida document number L17000044649			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name (of the limited liability c	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Cor	npany," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
	•		ALLA
Enter new mailing address, if applicable:	-		
(Mailing address MAY BE A POST OFFICE	<u></u>		SY. O IT
B. If amending the registered agent and registered agent and/or the new registered of	Vor registered office a	address on our records, <u>en</u>	ter the mame of the no
Name of New Registered Agent:	Vicki Rabenou, M.	D	
New Registered Office Address:	1306 Rolling Stone	Run Enter Florida street address	
	Odessa	, FR 15 5	Ŷ
		liņ	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 Annature 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
AMBR	Aaron J. Ripin	7189 Lake Island Drive	Add
		Lake Worth, FL 33467	□ Remove
			T Change
 			☐ Remove
			Change
			<u></u>
			Al Remove
			SSEE Change
			JUNE 30 Enforce 6: 39 LLAH SSEE DE LOND A
			Remove
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Signature of a member or authorized representative of a member				ate, but not	t an effecti	ve time, at 1	ı∠:∪1 a.m	i. on the ear	riier of:
	Dated	June 1	,	2018					
NOTE OF THE PARTY			ignature of a n	nember or autho	orized represent	ative of a membe	er		

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Filing Fee: \$25.00