## 470005008

(Req	uestor's Name)		
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(City,	/State/Zip/Phon	e #)	
PICK-UP	MAIT WAIT	MAIL	
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(Document Number)			
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Special Instructions to F	lling Officer:	· · · · · · · · · · · · · · · · · · ·	

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8/29/24



## **COVER LETTER**

	ation Section n of Corporations	
	d Hawk Ventures ELLC	
SUBJECT:	Name of L	imited Liability Company
The enclosed An	ticles of Amendment and fee(s) are s	submitted for filing.
Please return all	correspondence concerning this matt	ter to the following:
	Andrew Leonard	
		Name of Person
	Red Hawk Ventures LL	.c
		Firm/Company
	743 Crandon Blvd #205	;
		Address
	Key Biscayne FL 33149	•
		City/State and Zip Code
	kuma@furuyaonline.con	n s: (to be used for future annual report notitication)
For further infor	mation concerning this matter, please	
Keith Furuya		408 425-0914
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a che	eck for the following amount:	
≅ \$25.00 Filin	g Fee S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Regist Divisi P.O. B	ration Section on of Corporations Sox 6327 assee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dad Ha & Variation 110

(Name of the Limited Lia (A Flo	bility Company as it now appears on our recorded Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Florida document number L17000050003	y Company were filed on 3/3/2017	and assigned
This amendment is submitted to amend the following	;	
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:	
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation "Ll	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	)	
3. If amending the registered agent and/or registered affice address her		er the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	
<del></del>	City	Fiorida 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
AMBR	Andrew Leonard	743 CRANDON BLVD #205	□Add
		Key Biscayne, FL 33149	□Remove
			□Remove
			Change
	<del></del>		
			□ Remove
			□ Add
		<del></del>	□ Remove
			Change
			□Add
			Remove
			Change
	<del></del>		
		Remove	
		Change	

. If amending any other infor	mation, enter change(s) he	re: (Attach additional sheets, if nece	ssary.)
	-		
			<del>.</del>
<del></del>			
Note: If the date inserted in th	e must be specific and cannot be price	(option to date of filing or more than 90 days after icable statutory filing requirements, this is.	filing.) Pursuant to 605.0207 (3)(b)
the record specifics a delayed effectord is filed.	ective date, but not an effective	time, at 12:01 a.m. on the earlier of: (b	The 90th day after the
Dated August 18	2024	·	2021 E100 (
7	Jangary -		27 1
	Signature of a member or aut	thorized representative of a member	### 8: C
Matias Campiani			( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )

l'yped or printed name of signee