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(Req	uestor's Name)	······································
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236 East 6th Avenue. Tallahassee, Florida 32303

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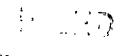
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2	XX	РНОТОСОРУ				
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2	XX	FILING	LLC	AMEND	,	
1.		GOM VENTURES I				-
2.						
3.	· ((CORPORATE NAME AND D	OCUMENT #)			
4.	((CORPORATE NAME AND D	OCUMENT #)			
5.	((CORPORATE NAME AND D	OCUMENT #)			
6.	((CORPORATE NAME AND D	OCUMENT #)			
SPE(INST	CIAL	CORPORATE NAME AND D	OCUMENT #)			

COVER LETTER

TO: Registration S Division of Co			
	NTURES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
	ondence concerning this matter	•	
	GLENN WRIGHT		
		Name of Person	
		Firm/Company	
	1975 E SUNRISE BLVD.	STE 823	
	FORT LAUDERDALY F	Address	
	FORT LAUDERDALE, F		
	al@hsfconstruction.com	City/State and Zip Code	
Voe forther information		to be used for future annual report notif	fication)
GLENN WRIGHT	concerning this matter, please c	954 867-4481	
Name o	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (acditional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	ction
Division of C		Division of Con	
P.O. Box 632		The Centre of T	allahassee
Tallahassee,			Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 JUH 17 AH 9: 41

GOM 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 API	RIL 5, 2017	and assigned
Florida document number L17000076964			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company her	<u>·e</u> :	
The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the new name must be distinguishable and co	ty Company," the de	signation "LLC" or the a	ibbreviation "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 a	ddress on our rec	cords, enter the nar	ne of the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	la street address	
		Florida	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of n rovided for in Cl	ny duties, and I am hapter 605, F.S. Or	familiar with and , if this document is
If Chan;	ging Registered Ager	nt, Signature of New Re	egistered 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>	Name	Address	Type of Action
AMBR	GLENN WRIGHT	1975 E SUNRISE BLVD #823	
		FORT LAUDERDALE, FL 33304	□Remove
			Change
AMBR	PATRICIA WRIGHT	1975 E SUNRISE BLVD #823	≅Add
		FORT LAUDERDALE, FL 33304	□ Remove
			☐ Change
			□Add
			□Remove
			□Change
			
			□Remove
			□ Change
			CJAdd
			□Remove
			□ Change
 -			□Add
			ПRеточе
			□Change

	This company is Member managed pursuant to FS 605.0407
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fecti	ve date, if other than the date of filing: JUNE, 2021 (optional)
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	ctive 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 605.0: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
cume	ent's effective date on the Department of State's records.
ecord	consider a deleved effective day to the second of
is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	TUNE 16 2022
ted_	
ted _	
ted _	Signature of a member or authorized representative of a member

Filing Fee: \$25.00