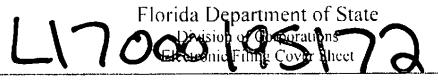
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To:

Division of Corporations

Fax Number : (850)617-6383

, (030/01, 0303

From:

Account Name : VENERABLE CORPORATE AND TRUST SERVICES,

Account Number : I20210000107 Phone : (813)284-4727 Fax Number : (813)436-8460

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jsampson@venerable.law

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FATE JORDAN VENTURES LLC

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Help

COVER LETTER

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TO: Registration Sec Division of Corp		• •	
SUBJECT:	Name of Limi	ted Liability Company	
	FATE JORDAN VENTURES, LLC Name of Limited Liability Company enclosed Articles of Amendment and feets) are submitted for filling. so return all correspondence concerning this matter to the following: JASON SAMPSON Name of Person VENERABLE CORPORATE AND TRUST SERVICES, LLC First Company 301 WEST PLATT STREET, NO, 65? Address TAMPA, FLORIDA 33606 City/State and Zip Code jsampson@venerable.law E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: ON SAMPSON Name of Person Name of Person Name of Person Name of Person Daytime Telephone Number Section of Status Certified Copy Certified Cop		
Please return all correspo	ndence concerning this matter (o the following:	
	JASON SAMPSON		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	VENERABLE CORPORA	TE AND TRUST SERVICES, LLC	
		Firm Company	·
	301 WEST PLATT STREE	ET, NO. 657	
		Name of Limited Liability Company ent and fee(s) are submitted for filing. Substance of Person Name of Person Name of Person PRABLE CORPORATE AND TRUST SERVICES, LLC Firm/Company NeST PLATT STREET, NO. 657 Address PA, FLORIDA 33606 City/State and Zip Code son@eccucrable.law E-mail address: (to be used for future annual report notification) g this matter, please call: at (1) Area Code Daytime Telephone Number ing amount: 0.00 Filing Fee & Certificate of Status Certificate of Status Street Address: Registration Section	
	TAMPA, FLORIDA 33600	5	
	isampson@yenerable.law	City/State and Zip Code	
		to be used for future annual report notification)	
For further information c	oncerning this matter, please ca	alt:	
JASON SAMPSON			
Name o	f Person	Area Code Daytime Telepho	ne Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Centified Copy	Certificate of Status & Certified Copy
Mailing Address Registration Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Registration Section Division of Corporatio	sec i, Suite 810

From: Venerable Law Firm

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H22000398605 3

FATE JORDAN VENTURES, LLC			2022 SEC
(Name of the Limit	ed Liability Company as it now an (A Florida Limited Liability Compa	ncars on our records.) my)	
The Articles of Organization for this Limited Li	ability Company were filed or	09/20/2017	SECULLAHASSE
Florida document number L17000195172			
This amendment is submitted to amend the following	owing:		AH 9: 24 OF STATE SEE, FIL
A. If amending name, enter the new name of	the limited liability compan	<u>y here</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liability Company."	the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	TADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>		
			
B. If amending the registered agent and/or ragent and/or the new registered office address		ur records, <u>enter the i</u>	name of the new registere
Name of New Registered Agent:	VENERABLE CORPORATI	E AND TRUST SERVIC	ES, ELC
New Registered Office Address:	301 WEST PLATT STREET	, NO. 657	
	Emer Florida street address		
	TAMPA	Florida	1 <u>33606</u>
	City		Zip Code
New Registered Agent's Signature, if changing l	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.

Jason Sampson
If Changing Registered Agent, Signature of New Registered Agent

From: Venerable Law Firm

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added HZZ000398605 3 or removed from our records:

2022-11-28 14:45:50 GMT

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PUG PALACE, LLC	30 N GOULD ST STE R	■Add
		SHERIDAN, WY 82801	□Remove
			□ Change
MGR	MEGAN JORDAN	4907 N FLORIDA AVE, SUITE D-10	□Add
		TAMPA, FL 33603	≣Remove
			□Change
			□Add
			□Remove
			□Change
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Effective date, if other than the date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	e specific and cannot be prior k does not meet the applic	to date of filmg or more than table statutory filing require	(optional) 70 days after filing.) Pursuant to 6 rments, this date will not be l	605.0207 (isted as t
e record specifies a delayed effective ordinately	late, but not an effective ti	me, at 12:01 a.m. on the ex	arlier of) (h) - The 90th day a	fter the
	2022			
Dated NOVEMBER 28	· · 	— ·		
Dated NOVEMBER 28		Ason orized representative of a mer		