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EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
	STMENT VENTURES, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CHARLES H. BALL		-
		Name of Person	
	CHARLES H. BALL & AS	SSOCIATES, P.A.	
		Firm/Company	
	1444 FIRST STREET, S	UITE B	
		Address	
	SARASOTA, FL 34236		
		City/State and Zip Code	
	charlesb@charleshball.co	om to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
FRANK POLANCO		941 321-6963	
Name c	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		26
\$25.00 Filling Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Soo.00 Filing Fee, Certificate of Status &? Certified Copy (additional copy is enclosed)
Regist Divisi P.O. F	LING ADDRESS: cration Section on of Corporations Box 6327 cassee: FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J&F INVESTMENT VENTURES, LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)	 -
The Articles of Organization for this Limited Liability Compa		and assigned
Florida document number L17000207218		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
INVESTMENT VENTURES, LLC		
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		(C) (C) (C)
		(2)
		Ĭ,
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		\ 9
B. If amending the registered agent and/or registered registered agent and/or the new registered office address between the second of the seco		nter the name of the
Name of New Registered Agent:	<u>, </u>	<u> </u>
New Registered Office Address:	Enter Florida street address	
	Enter Florida street address	
	, Florid	la
	City	Zin 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, 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 Type of Action **Address** <u>Title</u> Name □ Add ☐ Change ☐ Remove _□ Remove ٠. <u>.</u> □ Cháñ⊈e __ 🗆 Add __□ Remove _□ Change □ Add □ Remove ☐ Change □ Add □ Remove

____ □ Change

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Typed or printed name of signee

Filing Fee: \$25.00