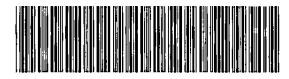
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	Registration Se Division of Cor			
SUBJEC'	3E VENTU	RES. LLC	F - F	
SUBJEC	T:	Name of Lim	ited Liability Company	····
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		JUAN C POSNER		
			Name of Person	
		3F VENTURES, LLC		
			Firm/Company	
		4045 SHERIDAN AV., SI	JITE 249	
Address				
		MIAMI BEACH FL 33140		
			City/State and Zip Code	
		3fventuresllc@gmail.com		
		E-mail address: (to be used for future annual report no	tification)
For furthe	er information c	oncerning this matter, please c	all:	
POSNER	, JUAN C		305 3316160	
	Name o	f Person		ne Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Se	ection
	Division of C		Division of Co	
	P.O. Box 632		The Centre of	
7	Fallahassee, I	L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3F VENTURES, LLC (Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited I Florida document number L17000220086	Liability Company	y were filed on 10/24/2017	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited lial	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LI	.C" or the abbreviation \(\mathbb{E}\)L.C."
Enter new principal offices address, if appli	icable:	N/A	0 1
(Principal office address MUST BE A STRE	ET ADDRESS)		13-77
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>E BOX)</u>	N/A	PH 2:21
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records, ente	er the name of the new registere
Name of New Registered Agent:	N/A	 	
New Registered Office Address:	N/A		
		Enter Florida street addr	ess
			Florida
		City	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, 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

<u>Title</u>	Name	Address	Type of Action
MGR	PISANO, RAFFAELE	4045 SHERIDAN AV., SUITE 249	
		MIAMI BEACH FL 33140	■ Remove
			□Change
MGR	RICCIARDI, ROBERTO G	4045 SHERIDAN AV., SUITE 249	= Add
		MIAMI BEACH FL 33140	□Remove
			
			□Remove
			□Change
			□ Add
			Remove 7020
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			□Remove
			□Change

N/A	
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Tective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to	o date of filing or more than 90 days after filing.) Pursuant to 605.0207
<u>ote:</u> If the date inserted in this block does not meet the application becament's effective date on the Department of State's records.	ble statutory filing requirements, this date will not be listed as
·	
record specifies a delayed effective date, but not an effective tim	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
September 29th 2020	
September 29th 2020	<u>_</u> .
Fll Kong	1/4
Signature of a member of author.	ized representative of a member

Filing Fee: \$25.00