L17000220163

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COVER LETTER

TO: Registration Se Division of Cor			
			' <i>دو</i> م
SUBJECT: ALLIED V	ENTURES GROUP LLC	ited Liability Company	
	.vanc or Lini	ned classific company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MICHAEL W. MALARN		
		Name of Person	
	MICHAEL W. MALARN		
		Firm/Company	
	8928 BURROWING OWI	CT.	
		Address	
	NAPLES, FL 34120		
		City/State and Zip Code	
	MALARNEYPA@GMAIL E-mail address: (.COM to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	all:	
MICHAEL W. MALAR	NEY	at (585) 764.7680	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne following amount:		•
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 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 Sec	tion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALLIED VENTURES GROUP LLC		· · · · · · · · · · · · · · · · · · ·
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our rec	cords.) - C
	•	- -
The Articles of Organization for this Limited Liability Company	/ were filed on 10/24/2017	and assigned
Florida document number <u>L17000220163</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10981 Harmony Park Dr.,	Naples, FL 34135
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BOX)		
D. I.C. and discrete makes and a second seco		And the second of the second o
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new register.
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		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	KENNETH P. BROWN II	17167 THREE OAKS PKWAY, UNIT 1102, F	FORT M ■ Add
		<u> </u>	ERemove
			☐ Change
AMBR MARK	MARK MARAN	615 SOLIEL DR., NAPLES, FL 34110	□Add
			Remove
			□Change
AMBR	QUINN MACGLASHAN	2230 STACIL CIR., NAPLES, FL 34109	
			□Remove
			[]Change
AMBR KENNETH F	KENNETH P. BROWN	521 94TH AVE N., NAPLES, FL 34108	⊞ Add
			Remove
			□Change
			□Add
			□Remove
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(If an effe Note:	ve date, if other than the date of filing: 1/18/2022 (optional) ective 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 605,0207 (3)0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
f the record	I 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 ed.
Dated ₋	1/18/ 2022
	Signature of a member or authorized representative of a member
	WEND THE A DROWN
	KENNETH P. BROWN Typed or printed name of signee