L17000251723

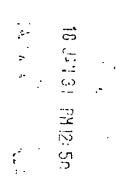
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

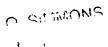




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COVER LETTER

TO:	Registratio Division of	n Section Corporations							
C110 1C2		GONIA VENTURES, LLC							
SUBJE	CI:	Name of Lin	nited Liability Company						
The enc	losed Article	s of Amendment and fee(s) are sub	omitted for filing.						
Please re	eturn all corr	espondence concerning this matter	to the following:						
		ROBERT CLARK							
			Name of Person						
		ROBERT E. CLARK, LL	C						
			Firm/Company						
		300 SOUTHARD ST, ST	E 107						
		**	Address						
		KEY WEST, FL 33040	KEY WEST, FL 33040						
		robert@robertclark-cpa.coi	City/State and Zip Code						
			to be used for future annual report noti	fication)					
For furth	her informati	on concerning this matter, please c	all:						
ROBEN	CT CLARK		305 363-5429 at ()						
	Na	me of Petson	Area Code Daytim	ne Telephone Number					
Enclosed	d is a check t	or the following amount:							
\$25.	.00 Filing Fe	e S30.00 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)					
	Re	AlLING ADDRESS: gistration Section vision of Corporations	STREET/COURI Registration Section Division of Corpo	on					

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PATAGONIA VENTURES, LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited	nny as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Li		were filed on 12/8/2017	and assigned
Florida document number L17000251723	·		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited lial	oility company here:	
n/a			
The new name must be distinguishable and contain the w	ords "Limited Liabi	ility Company," the designation	
Enter new principal offices address, if applic	able:	n/a	
Principal office address MUST BE A STREE	TADDRESS)		
			cu.
			म ि द्वा
Enter new mailing address, if applicable:		n/a	
Mailing address MAY BE A POST OFFICE	BOX)		
			
B. If amending the registered agent and/			ords, enter the name of the no
registered agent and/or the new registered of	lice address her	<u>'e</u> :	
Name of New Registered Agent:	n/a		
	n/a		
New Registered Office Address:	11/41	Enter Florida street a	ddess
			, 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member Title Address Type of Action Name ALFREDO GIMENEZ AMBR **■** Add ☐ Remove _ Change ☐ Add _□-Remove ☐ Change _□ Remove ☐ Change □ Add □ Remove _□ Change _□ Add _□ Remove

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Page 3 of 3

Filing Fee: \$25.00