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SEP 2 9 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations		•		
SUBJECT: MANDY	Ventur Name of Limite	e Capital d Liability Company	LLC	
The enclosed Articles of Amendment and f	ec(s) are submi	itted for filing.		
Please return all correspondence concerning	g this matter to	the following:		
	Matt	Name of Person	04	-
	alloy 1	Jentuce (a Firm/Company	pilal, LLC	-
150 V	illa Di	FSté Ter 1	Unit 112	-
Lah	e Mar	Y FL 3.7 City/State and Zip Code	74 jo	-
E-n	mail address: (to b	De used for future annual rep	flocida, Co	\bigcap
For further information concerning this mat	ter, please call:			
Matthew Malla	5.4	at (<u>954</u>) Area Code	75 - OQ (& Daytime Telephone Number	
Enclosed is a check for the following amour				
☑ \$25.00 Filing Fee ☑ \$30.00 Filing Certificate		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certified	te of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ____ Florida document number _ L1 8 000091499 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida __ City

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 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>	<u>Name</u>	Address	Type of Action
<u>amb</u> r	Matthew Malloy	150 VIIIa Di Este Ter, Unit	II2 MAdd
		Laine Mary FL 327410	□Remove
			□Change
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an effective date is in ote: If the date in	other than the date of fi isted, the date must be specific iscreed in this block does not we date on the Department	e and cannot be prior to not meet the applica			
record specifies a is filed.	delayed effective date, but	i not an effective tin	ne, at 12:01 a.m. on th	e earlier of: (b) The 9	Oth day after the
mal	21.				
ated UNC	3/2020	·			
	delayed effective date, but				
	Signature o	of a member or author	rized representative of a	member	

Filing Fee: \$25.00