L18000217076

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A. BUTLER
JAN 1 4 2022

COVER LETTER

TO:

TO:	Registration Sec Division of Corp	tion orations					
		d Ventures, LLC					
SUBJEC	CT:	Name of Limited Liability Company					
The encl	osed Articles of /	Amendment and fee(s) are subm	itted for filing.				
		ndence concerning this matter to					
		Chris Buckley					
			Name of Person				
			Firm Company				
		1030 3rd Ave S. Unit 314					
		Naples, FL 34102 City/State and Zip Code					
	chrisbuckley (@gmail.com E-mail address: (to be used for future annual report notification)						
For furt	ther information of	concerning this matter, please ca					
Chris Buckley			859 576-5774at () Area Code Daytine Telephone Number				
	Name (of Person	at () Area Code Daytin	ne Telephone Number			
Enclose	ed is a check for t	the following amount:					
■ \$2	5.00 Filing Fee	S30.00 Fiting 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 Addr Registration	<u>ess:</u> Section	Street Address: Registration S				
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee				
			2416 N. Mouron Street, Suite 810				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fountainhead Ventures, LLC (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 September 12th, 2018 and assigned Florida document number L18000217076 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 Cin

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>	<u>Name</u>	Address	Type of Action
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and a Charles	الرصال الجاوزا بتربيبات	an the date of fil ate must be specific this block does no	and caused be	e prior to date (of filing or more	than 90 days after	onal) r filing.) Pursuant s date will not b	to 605.020 be listed as
ocument's	effective date on	the Department	of State's re	cords.				
record spe l is filed.	cifies a delayed e	ffective date, but	not an effec	tive time, at	12:01 a.m. on	the earlier of: (t	o) The 90th da	y after the
ated	Deum	ber 21	_, 20)21	وسر.			
			// /	(h)				
		Signature c	of a member of	or authorized r	epresentative of	Mynember		_
	^				~ / ·	Kley		

Filing Fee: \$25.00