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COVER LETTER

TO:	Registration Sec Division of Corp			
eup Ic		ENTURES FL LLC		
SUBJE	CI:	Name of Limi	ted Liability Company	
The enc	losed Articles of .	Amendment and fee(s) are subr	nitted for filing.	
		ndence concerning this matter t		
		Michael J. Heath		
			Name of Person	
		Law Offices of Michael J. I		
Firm/Company 167 108th Ave				
			Address	
		Treasure Island, FL 33706		
			City/State and Zip Code	
		·	to be used for future annual repo	rt notification)
For furt	ther information c	oncerning this matter, please ca	alt:	
	Name o	f Person	at () Area Code [Daytime Telephone Number
	ed is a check for t	he following amount: \$\preceq\$ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assec, FL 32314	Registration Division of C Clifton Build	Corporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WILDER VENTURES FL LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L18000278403	ompany were filed on December 3, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	rted Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDR	ESS)	्रेडि है न ा
		22 0 [
Enter new malling address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
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B. If amending the registered agent and/or registered agent and/or the new registered office additional and/or the new registered an		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Flori	
	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	Sonja Wilder	1315 Weinstein Ct			
		Centreville, VA. 20120 US	CI Remove		
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If an effective date is listed, the d Note: If the date inserted in	late must be specific : this block does no	and cannot be prior to of meet the applica	o date of filing or mo ble statutory filing	re than 90 days afte requirements, thi	r filing.) Pursuant to is date will not be	605.02 listed	:07 (ns t
	the Department o	of State's records.					
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Page 3 of 3

Filing Fee: \$25.00