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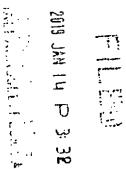
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### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Southpan	Ventures LI	<u></u>
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Anthony	J Plinio	
	Southpe	Name of Person  Wentuces U	<u> </u>
	/50 S	Firm/Company  E 2nd Ave. D	Init 411
	Delay F	Seach FZ 334 City/State and Zig/Code	14
	E-mail address	$$ $$ $$	ication)
For further information c	oncerning this matter, please ca	all:	
Anthony	J Plinio	at (561) 30 <b>9</b> -	41/2
Nimero	f Person		Telephone Number
Enclosed is a check for th	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 ADDRESS:

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

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	1 110	
Southpaw Vent	wes LLC	
( <u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears mited Liability Company)	
	~	1/20/3 JAN 14 13 3 32
The Articles of Organization for this Limited Liability Con Florida document number 4/9 00005899	npany were filed on	1/3/17 and assigned
Florida document number 21/00003 877		William Salt of Montey
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company her	<u>re</u> :
The new name must be distinguishable and contain the words "Limited	Liability Company," the de-	signation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	ad affice address on	our records enter the name of the new
registered agent and/or the new registered office addres		our records, encrete mane or the ne-
-		
Name of New Registered Agent:	<del></del> ,	
New Registered Office Address:		
The Wilderstein Grinder Transcop.	Enter Florid	da strect address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	<u>gent:</u>	
I hereby accept the appointment as registered agent an	d agree to act in this co	apacity. I further agree to comply with the
provisions of all statutes relative to the proper and com	piete perjormance of n	ny auties, ana 1 am jamitiar with ana 🧪

If Changing Registered Agent, Signature of New Registered Agent

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 = Au	ithorized Member		
<u>Title</u>	Name	Address	Type of Action
<u>YGR</u>	Anthony Plinio	150 SE 2nd Ave. Unit	4// Andd
Pesiden	Anthony Plinio	150 SE 2nd Ave. Unit Delpay Beach, Fi 3344	4   Remove
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