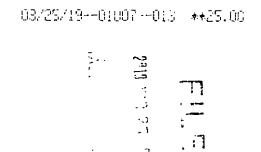
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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration So Division of Cor				
SUBJECT:	RO Ventures Name of Lim	ULC		-
	Name of Emi	med maonity company		~ ~ 2
				-
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		2011 11 2
Please return all correspo	ondence concerning this matter	to the following:		3
	Austic	Name of Person		
		O Ventives U Firm/Company	رد	.·
	_13611_5. E	Dixie Hwy So	vite 390	
		Viami FL 331 City/State and Zip Code		
	E-mail address: (to be used for future annual sep	ort notification)	_
For further information c	oncerning this matter, please ca	all:		
Austin Name o	Barne 14	at (<u>407</u>)	716-772	5 iber
Enclosed is a check for the	ne following amount:			
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certii ed) Certii	Filing Fee, ficate of Status & fied Copy onal 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 OF

ABBO Vestures LLC

(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Comparing LIQ000035429.	any were filed on oz/o4/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	- J 1 1 1
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.IZC."
Enter new principal offices address, if applicable:	13611 South Dixie Hwy Suite 39
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33176
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13611 South Dixie Huy Suite 390 Miami, FL 33176
B. If amending the registered agent and/or registered registered agent and/or the new registered office address by	office address on our records, enter the name of the nenere:
Name of New Registered Agent:	
New Registered Office Address: \\36\\\	South Divide Huy Suite 390 Enter Florida street address
	City Florida 33176 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

a ,

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGB	Austin Barnett	13065 San Mateo Ave	⊠ _∧dd
		Coral Gables, FL 33156	Remove
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effective date is listed, e: If the date inscrte	than the date of fil the date must be specific d in this block does no e on the Department o	and cannot be prior of meet the application	able statutory filin	ore than 90 days		
	e delayed effective r the record is file		t an effective t	ime, at 12:0	1 a.m. oi	n the earlier
vd.						

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00