LIACCCC 46698

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COVER LETTER

TO:

TO: Registration Se Division of Cor				
	NEEDIE-MILL	SAP VENTURES I	LLC	
SUBJECT:\		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	LEE MIL	LSAP		
		Name of Person		
	TWEEDIE-MI	CUSAP VENTURES Firm/Company	LLC	
	1610 RIGGE	WAAA ST		
	1010 21000	WOOD ST.		
	CLEARWATE	R FL 33755 City/State and Zip Code		
	ROOKIA5@	SMALL COM	; }	•
		to be used for future annual report notif		
For further information c	oncerning this matter, please ca	ull:	ر _ج د	
LEE M	ILLSAP	818 . 275 -	0655 . "	
	f Person	at (<u>878</u>) <u>275 -</u> Area Code Daytime	: Telephone Number	
Enclosed is a check for the	he 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)	
Registr	ING ADDRESS:	STREET/COURI Registration Sectio	n	
	on of Corporations ox 6327	Division of Corpor Clifton Building	ations	
Tallah	issee, FL 32314	2661 Executive Ce	nter Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWEEDIE - MILLSAP 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 FEB 15, 2019 and assigned Florida document number L1900046698.

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the	vords "Limited Liabili	ty Company," the designati	on "LLC" or the	abbreviation "L.I	C."
Enter new principal offices address, if applic	rable:			<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)					
				3	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)				-51	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	ffice address here		records, <u>ent</u>	er the name o	of the p
New Registered Office Address:		2106EW00 Enter Florida Stree			
	CLEAR	WATER		33759	-
		City	, i iorida .	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Mas $AMBR = Aut$	nager horized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	LEE MILLSAP	1 <u>610 RIDGEWOOD ST.</u>	Add
		CLEARWATER, FL 3375	D □ Remove
			Change
MGR PRUDEN	PRUDENCE TWEEDIE	1610 RIDGEWOOD ST.	D Add
		CLEARWATER, FL 3375	5□ Remove
			Change,
			□ Remove _ ; †
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Note:	re date, if other than the date of filing: FEB 15,2019 (optional) etive date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.) <u>2</u> () d a:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.	rc
Dated _	·	
	Signature of a member or authorized epresentative of a member	
	•	

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Filing Fee: \$25.00