# L19000090385

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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# **COVER LETTER**

A ....

TO: Registration Se Division of Con			
	TURES LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mara Comish		
		Name of Person	
	MBC VENTURES LLC		
		Firm/Company	<del></del>
	748 W 1st St		
		Address	<del></del>
	Riviera Beach , FL 33404		
		City/State and Zip Code	
	mbeventuresllc@yahoo.cor		
		to be used for future annual report not	lification)
For further information c	oncerning this matter, please c	all:	
Mara Cornish		561 598-0165 at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres Registration		Street Address: Registration Se	ection
Division of Corporations		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MBC VENTURES LLC		
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.  Described Limited Liability Company)	)
The Articles of Organization for this Limited Liabilit Florida document number L19000090385	sy Company were filed on 4/02/2019	and assigned
This amendment is submitted to amend the following	ŗ.	2020 SEO
A. If amending name, enter the new name of the	<del></del>	2020 JAN 13 SECRETAR
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:		may y
(Principal office address MUST BE A STREET AD	ODRESS)	⊥ 5 σ
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registon agent and/or the new registered office address her		he name of the new registered
Name of New Registered Agent: on	file	
New Registered Office Address:	Enter Florida street address	
	, Floi	rida

#### 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
AMBR	ADRIAN D. THOMPSON JR	748 W 1st St. Riviera Beach, FL 33404	\BAdd
			□Remove
			□Change
MGR	INVASION E, CORNISH	3891 Oswego Ave, Apt B West Palm Beach, FL	33409 <b>■</b> Add
			SE DE move
<del></del>			No.   No.
			□Change
			□Add
			□Remove
			□Change
<del></del>			🗆 Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change

# Page 2 of 3

ffective date, if other than the date of filing:  an effective date, if other than the date of filing:  (optional)  an effective date is listed, the date must specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to dreg. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be becoment's effective date on the Department of State's records.  The 90th day after the record is filed.  January 10th  2020  Signature of a member or authorized representative of a member.	
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Signature of a member or authorized representative of a member	
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Filing Fee: \$25.00