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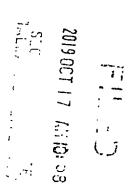
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 1 De Crees Ventures 1 C Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christina Kalsan Name of Person
Firm/Company
1975 SF 3rd St #302
Derfield Reach FL 33441
Ohristing Kalsan a amil Com 1:-mail address: (to be used for future amoual report notification)
For further information concerning this matter, please call:
Obcistion (S47) S75-1938 Name of Person at (S47) S75-1938 Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, Certificate of Status \$\Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) 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 OF

11

Name of the Limited Liability Co	ompany as it now appears on our record	<u> </u>
(A Florida Lim	ited Liability Company)	 -
The Articles of Organization for this Limited Liability Comp	pany were filed on $\frac{Q}{L_{\alpha}}/L_{\alpha}$	and assigned
Florida document number <u>L19000235914</u>	1	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		23 Ja DCT 1-1
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		s, enter the name of the new
Name of New Registered Agent:		3 8
New Registered Office Address:	Enter Florida street addres	
	ri.	orida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Christina Kalsan		Add
		0 = 0 + Si + 300	□ Remove
		1975 SE 3rd St #302 Directived Brach, FL 334	∰ Ø Change
			□ Remove
			Change
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			□ Remove
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	 		☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Title of Member/Agent was mistakenly	
added as OFAIR	
Please Change title to "Member"	
F. Effective date, if other than the date of filing:	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier (b) The 90th day after the record is filed.	of:
Dated 15th (Mtcher . 2019.	
Signature of a member or authorized representative of a member	
Christian Kalsan Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00