## L19000263146

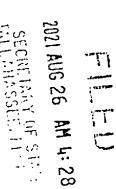
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9/01/202/

## **COVER LETTER**

Registration Section Division of Corporations

TO:

	/ENTURES, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARIA C MORO		
		Name of Person	
	SEA GLASS PROPERTY	MANAGEMENT LLC	
	<del></del>	Firm/Company	
	1035 S STATE RD 7STE	315 #7	
	_ <del>-</del>	Address	
	WELLINGTON, FL 3341	4	
	·· <del>· - · · · · · · · · · · · · · · · · ·</del>	City/State and Zip Code	<del></del>
	cristina.scaglass@gmail.com		
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Maria C Moro		561 215-1604 at ( )	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
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 enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassee,			be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 AUG 26 AH 4

ALTIUM VENTURES, LLC

SECRETARY OF SIL TALLAHASSEE, FI

(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 10/21/2019 and assigned	
Florida document number 1.19000263146	
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 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)	_
Enter new mailing address, if applicable:	-
(Mailing address MAY BE A POST OFFICE BOX)	_
	_
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registagent and/or the new registered office address here:	<u>ter</u>
Name of New Registered Agent:	_
New Registered Office Address:	
Enter Florida street address	_
, Florida	
·	
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 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
AMBR	LLABRA, SILVINA	1035 S STATE RD 7STE 315 #7	
		WELLINGTON, FL33414	■Remove
			☐ Change
AMBR	LLABRA, SILVINA MABEL	1035 S STATE RD 7STE 315 #7	<b>≣</b> Add
		1035 S STATE RD 7STE 315 #7	□Remove
		<del></del>	□Change
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		Signature of a member or authorized representative of a member
SILVINA MABEL LLABRA		•
	SILVINA MABEL L	LLABRA

Filing Fee: \$25.00