L20000017500

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(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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04/17/20--01001--010 ++25.00



APR 20 2020 IALBRITTON

417 E. Virginia Street	CONNECTION, INC. 5, Suite 1 • Tallahassee, Florida 32301 5800-342-8062 • Fax (850) 222-1222	
BLOODHOUND	VENTURES, LLC	
		Art of Inc. File
· · · · · · · · · · · · · · · · · · ·		All of file
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawał
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
-		Vehicle Search
		Driving Record
Requested by: BA	4/17/20	UCC 1 or 3 File
Name	Date Time	UCC I Search
		UCC 11 Retrieval
Walk-In	_ Will Pick Up	Courier

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION**

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATIO	
OF	
BLOODHOUND VENTURES, LLC	ڢ
(Name of the Limited Liability Company as it now appears on a (A Florida Limited Liability Company)	anr records.
The Articles of Organization for this Limited Liability Company were filed on January Florida document number <u>L20000017506</u>	10, 2020 and assigned
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	tion "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 agent and/or the new registered office address here:	s, enter the name of the new registered
Nume of New Remistered Agent	

ante of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _ 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, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	THOMAS G. JENNINGS	5534 OLD BERKLEY ROAD	🗄 Add
		AUBURNDALE, FL 33823	🛛 Remove
		·	🖸 Add
			DRemove
			Change
			DAdd
			OChange
		<u> </u>	CRemove
			Change
			🖸 Add
			🗆 Remove
			🗆 🗆 Change
			GAdd
			🗆 Remove
			DChange

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live date, if other than the Sective date is listed, the date mur-		dular 12	170	(optional)	

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

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	04/15/2020 2020
	1/ D.
	Signature of a member or authorized representative of a member
	/ KEVIN CLINGERMAN
	Typed or printed name of signee

Filing Fee: \$25.00

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