# LZ0000096075

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000345577360

06/01/20--01022--003 **+\***25.00



JUN 1 9 2029 C MCNAIR

#### **COVER LETTER**

TO: Registration Section Division of Corpo			
SUBJECT:	Name of Lim	OSO VENTURS I	ntl LLC
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	ì.
Please return all correspond	ence concerning this matter	to the following:	20 JU
		enoh Grear Name of Person	LLC 22
		O Ventures InTL Firm/Company	LLC 22
	1680	Michigan AVE.	Site 700 HZ25
	MiAmi	Beach, FL. 3 City/State and Zip Code	3139
	Denohl E-mail address:	grear gamail. Lom to be used for future annual report notif	lication)
For further information con-	cerning this matter, please ca	all:	
Leonard Name of the	ZAckheim JDLL	-M at (305) 7	85-8463 Telephone Number
Enclosed is a check for the	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 Address: Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

#### Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shiel C- M		
(Name of the Limited Liability Compar	entures Intl. LLC	
(Name of the Limited Liability Compar (A Florida Limited L	iability Company;	多人
The Articles of Organization for this Limited Liability Company  Florida document number	entires Intl. LLC  ay as it now appears on our records.)  inbility Company;  were filed on04/03/2020 and :	assigned?
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation	"L.L.C."
Enter were principal officer address if applicables	200 South Bisa	cune BluD
Enter new principal offices address, if applicable:	Suite 2790	April De
(Principal office address MUST BE A STREET ADDRESS)	200 South Bisco Suite 2790 Migmi, FL 33131	
Enter new mailing address, if applicable:		
		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>.</u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the r	new registered
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		<del></del>
	Fruer Florida sireei address	
	, Florida	,
	City Zip Coc	le .

#### 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
			□Add
			□Remove
			□ Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
	•		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

## Page 2 of 3

i amenumg	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
<del></del> -	
_	<del></del>
<del>-                                    </del>	
areffective d l <mark>ote:</mark> If the c	te, if other than the date of filing:
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.
ated	5-28-20
<u>.</u>	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3