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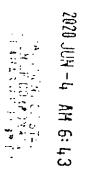
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JUN 22 2020 S. YOUNG

COVER LETTER

TO:

TO: Registration Sec Division of Corp			
FC VENTU			
SUBJECT:	Name of Limit	led Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	DAVID FORD-COATES		
		Name of Person	
	FC VENTURES LLC		
		Firm/Company	
	5077 FRUITVILLE ROAD	D. SUITE 109-126	
		Address	
	SARASOTA, FL 34232		
		City/State and Zip Code	
	DAVIDFORDCOATES@C	GMAIL.COM to be used for future annual report no	diffication)
For further information c	oncerning this matter, please co		ancar,
DAVID FORD-COATE	S	941 \$40-0099 at ()	
Name o	f Person	Area Code Daytit	me 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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	
Division of C P.O. Box 632		Division of Co The Centre of	
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FC VENTURES LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
	20	. [7]
The Articles of Organization for this Limited Liability Company were filed on APR	II. 15, 2020 and assign	ned
Florida document number <u>1.20000103458</u>		
This amendment is submitted to amend the following:	6: 43	in the second
A. If amending name, enter the new name of the limited liability company here	<u>e</u> : မ်	
FC ENDEAVORS LLC	, -	
The new name must be distinguishable and contain the words "Limited Liability Company," the des	ignation "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 rec	ords, enter the name of the new r	registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	a street address	
	Planta.	
City	, Florida 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 ca	manitu. I fanthan agusa ta samulu	. with the
provisions of all statutes relative to the proper and complete performance of n	ly duties, and I am familiar with a	and
	ly duties, and I am familiar with a	and

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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>	<u>Name</u>	Address	Type of Action
MGR	DAVID FORD-COATES	5077 FRUITVILLE ROAD, SUITE 109-126	= Add
		SARASOTA, FL 34232	□Remove
			□Change
MGR	CARRIE FORD-COATES	5077 FRUITVILLE ROAD, SUITE 109-126	= Add
		SARASOTA, FL 34232	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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		· · · · · · · · · · · · · · · · · · ·	□ Change
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ective date, if other than the effective date is listed, the date mu	st be specific and lock does not m	cannot be prior cet the applic	to date of tiling able statutory	or more than 90	(optional) days after filing. ents. this date) Pursuant to 605.03 will not be listed
ument's effective date on the D	Department of Si	ate's records.				
cord specifies a delayed effectives filed.	ve date, but not	an effective ti	me, at 12:01 a	m. on the earl	ier of: (b) Th	e 90th day after th
ed JUNE 3	<u></u> .	2020				
Da	wiel For	Q = Com	orized represent			
~ N						

Filing Fee: \$25.00