## L20000 118826

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## **COVER LETTER**

TO:	Registration Se Division of Cor				
18 VENTURES LLC					
SUBJECT: Name of Limited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	indence concerning this matter	to the following:		
		YOSEF T KLUGMAN			
			Name of Person		
		18VENTURES LLC			
			Firm/Company	<del></del>	
		1321 NE 173RD ST			
			Address		
		MIAMI FL 33162			
		10VENTUDES OCMAIL O	City/State and Zip Code		
		18VENTURES@GMAIL.C E-mail address: (	to be used for future annual report notif	fication)	
For fur	ther information c	oncerning this matter, please c	all:		
YOSE	F T KLUGMAN		786 3038457		
	Name of	f Person	at () Area Code Daytime	e Telephone Number	
Enclos	ed is a check for th	ne following amount:			
<b>■</b> \$2	5.00 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations fallahassee e Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

15	8 Ventu	IVES LLC	
(Name of the Lim	ited Liability Company as (A Florida Limited Liabilit	it now appears on our records.) ty Company)	
The Articles of Organization for this Limited I Florida document number L20000118826	Liability Company were	filed on 05/01/2020	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability o	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Co	mpany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		202
Enter new mailing address, if applicable:			·
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
		<del></del>	3.
B. If amending the registered agent and/or agent and/or the new registered office addre		ess on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:	YOSEF TZVI KLUG	iMAN	
New Registered Office Address:	1321 NE 173RD ST		
		Enter Florida street address	20172
	MIAMI	Flor	ida 33162 Zip Code
	C		Mr. CIME

## 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 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
MGR	YOSEF TZVI KLUGMAN	1321 NE 173RD ST	□ Add
		MIAMI, FL 33162	-
			🖹 Change
			🗆 Add
			□Remove
			☐ Change
			□Add
		-	□Remove
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			□Change
		<del></del>	□Add
			□Remove
			□ Change

THE FIRST TIME	
AS PER IRS RECORDS AND MY GOVERNE	MNT ISSUED ID MY NAME IS:
YOSEF TZVI KLUGMAN	
<del> </del>	
ective date, if other than the date of filing:	(optional)
	ot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 he applicable statutory filing requirements, this date will not be listed as s records.
cord specifies a delayed effective date, but not an efficied.	fective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed 07/24 ; 20	·

Typed or printed name of signee