120000184982

(Requestor's Name)		
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
	-	•
(Do	cument Number)	
•	,	
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

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US, 10/10/20

COVER LETTER

	egistration Sec ivision of Corp						
	1900000004	303 LLC					
SUBJECT	:	Name of Lim	ited Liability Company		_		
The enclos	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please retu	rn all correspor	ndence concerning this matter	to the following:				
		Angela Gantt					
			Name of Person				
		AH Gantt CPA & Associa	tes PA				
			Firm/Company			2	
		PO Box 82			ALL!	2028 AUG 27	
		· -	Address		——新州 北郊	2 90	
		Ocoee. Fl 34761					; ; ;
			City/State and Zip Code			PH 2: 24	[
		angela@ahganttpca.com	to be used for future annual report	notification)		24	
For further	information co	oncerning this matter, please c		,			
Angela Ga	ntt		407 \$80-712	2			
	Name of	Person	at () Area Code Da	iytime Telephone Num	ber		
Enclosed is	s a check for th	e following amount:					
■ \$25,00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi	Filing Fedicate of Stried Copy	atus &	
R D P	Iailing Address egistration S vivision of Co O. Box 632 allahassee, F	Section orporations 7	The Centre	n Section Corporations of Tallahassee onroe Street, Suite	e 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

190000004303		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our rec liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on <u>06/30/2020</u>	and assigned
Florida document number L20000184982		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
TKRE Ventures LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		0020 ALL
		A TI
		27 Ass
Enter new mailing address, if applicable:		me o M
Mailing address MAY BE A POST OFFICE BOX)		FLG
		22 R.F. 22
		<i>D</i>
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>ent</u>	er the name of the new regis
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street add	drase
		Florida
	Cuit	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove 2020 All Change
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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing tote: If the date inserted in this block does not meet the applicable statutory ocument's effective date on the Department of State's records.	g or more than 90 days after filing.) Pursuant to 605.0207
record specifies a delayed effective date, but not an effective time, at 12:01 lis filed.	a.m. on the earlier of: (b) The 90th day after the
08 - 19 - 2020	

Typed or printed name of signee