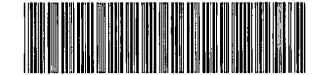
L2000312309

(Requestor's Name)
(Address)
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COVER LETTER

Division of Cor	porations		
subject: <u>FZ</u>	Cart Vientus Name of Limit	red Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Alysso	Name of Person	nt_
	E2 a	et Ventures	LLC
	15002	Lakeside (ove Ct
		City/State and Zip Code + 3@ Owal o be used for future annual report notif	L. Com
For further information ed	oncerning this matter, please ca	n:	
HIUSSA Name of	Freiermul Person	$\frac{N+}{\text{Area Code}}$ at $(\underbrace{813}_{\text{Daytime}})$) - 2 454 Telephone Number
Enclosed is 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)	\$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

EZ Out Ventu	res LL	C	
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears lability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	0/2/202	and assigned
Florida document number <u>L20000312309</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company hei	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the de	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		<u>.</u>	****
(Mailing address MAY BE A POST OFFICE BOX)			
			···
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our re	cords, enter the name	of the new register
agent and/or the new registered office address nere.			
Name of New Registered Agent:		<u></u>	a
New Registered Office Address:			
	Enter Flori	da street address	•
		, Florida	Zip Code
	City		Zip Code —
New Registered Agent's Signature, if changing Registered Agent:			, , ,
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	verformance of i rovided for in C	my duties, and I am fa hapter 605, F.S. Or, i	miliar with and f this document is

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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alyssa Freiermuht	15002 Lakeside Cove Ct. Odessa FL 33556	□Add
	•	Ct. Odessa FL 33556	□Remove
			XChange
			□ Add
			□Remove
			Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			CRemove
			□Change
			□Add
			□Remove
			Change

). If amending a	iny other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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(If an effective dat Note: If the da	e is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (I are inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the fective date on the Department of State's records.
the record specific cord is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated A	AGUST 23 2021 Alupsia Lieux Musik Signature of a member or authorized representative of a member
	Alusia Freiernicht. Typed or printed name of signee

Filing Fee: \$25.00