K21000027963

(Rec	questor's Name	2)
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(City	//State/Zip/Pho	ne #)
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COVER LETTER

TO:	Registration Se Division of Cor			
CUDIE		CARRIER LLC		
PORTE	CT:	Name of Lim	nited Liability Company	
Th		A		
		Amendment and fee(s) are sub indence concerning this matter		
riease it	aum an correspo	muchice concerning this matter	to the following.	
		LOVETTE DOBSON		
			Name of Person	
		INCFILE.COM LLC		
			Firm/Company	
		17350 STATE HWY 249	STE 220	
			Address	
		HOUSTON, TX 77064		
		EEU E1234@INCEILE CO	City/State and Zip Code	
		EFILE1234@INCFILE.CO E-mail address: (to be used for future annual report notif	fication)
For furth	er information c	oncerning this matter, please c	all:	
LOVET	TE DOBSON		888 462-3453	
	Name of	f Person		e Telephone Number
Enclosed	l is a check for th	ne following amount:		
	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 Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Cory The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VENTURE CA	ARRIER LLC 21 A	INC I' LLI 2. C.
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records Liability Company)	<u>F)</u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000027963</u>	were filed on 01/12/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	103 N Oleander Dr	
(Principal office address MUST BE A STREET ADDRESS)	Avon Park, FL 33825	
Enter new mailing address, if applicable: (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:	address on our records, <u>enter t</u>	he name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flo	rida

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.

City

Zip Code

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 21 AUG 12 PH 3: 21	Type of Action	
AMBR	Carlos Avila	103 N Oleander Dr	□Add	
		Avon Park, FL 33825	□Remove	
			🗏 Change	
			🗀 Add	
			□Remove	
			□Change	
			□Add	
			□Remove	
			□Change	
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			Change	
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			□Remove	
			□Change	
			□Add	
			□Remove	
			□Change	

	ion, enter change(s) here: (Attach additional sheets, if necessary.)
	21 AUG 12 PH 3: 21
Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this blo document's effective date on the Do	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ck does not meet the applicable statutory filing requirements, this date will not be listed as
e record specifies a delayed effective ord is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2021
Carlos	
_ Carlos	Signature of a member or authorized representative of a member
	NUMBER OF A MAMBER OF AUTHORIZED PROPEREDIATIVE OF A MAMBER P
	Signature of a member or authorized representative of a member