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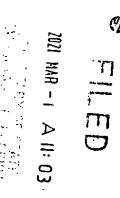
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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
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COVER LETTER

	legistration Se Division of Cor		,		
SUBJECT		Collective Ventures LLC		•	
SUBJECT	•	Name of Lin	nited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retu	irn all correspo	ondence concerning this matter	to the following:		
		Daniel Kleinman			
			Name of Person		
		Seaworthy Collective Ven	tures LLC		
			Firm/Company	.	
		300 Sunrise Dr. Apt 2F			
			Address		
		Key Biscayne, FL 33149			
		******	City/State and Zip Code		
		Daniel@SeaworthyCollecti			
			to be used for future annual repor	1 notification)	
For further	information c	oncerning this matter, please c	all:		
Daniel Kleinman		619 793-780	00		
Name of Person			aytime Telephone Number		
Enclosed is	s a check for th	ie 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)	
	lailing Addres		Street Addres		
Registration Section Division of Corporations		Registration Section Division of Corporations			
	P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Seaworthy Collective Ventures LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{1/22/21}{}$ _ and assigned Florida document number L21000043134 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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>	<u>Name</u>	Address	Type of Action
MGR	Daniel Kleinman	300 Sunrise Dr Apt 2F Key Biscayne FL 33149	_ □Add
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ote: If the date	inserted in this block does not live date on the Department of	meet the applicab	le statutory filing	requirements, this	date will not be li	isted]a
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record specifies Lis filed.	a delayed effective date, but no	ot an effective time	e, at 12:01 a.m. o	n the earlier of: (b)) The 90th decat	ter the
February ated	7th	2021				
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	Signature of a	a member or authoriz	zed representative of	of a member		

Filing Fee: \$25.00