## L210000 64373

(Re	equestor's Name)	
( )	,	
	ldress)	
(A0	idiess)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ie)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Cition Officer:	
Special instructions to	riling Officer:	
		ļ
		Į.
		ne inalai
		05/03/21 Th

Office Use Only



700361977577

03/15/21--01020--005 \*+25.00

SACHUMB DIOCUM ROISIAIC UMUS IO ARVIDROPA

## **COVER LETTER**

Registration Section

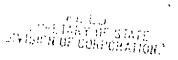
Division of Corporations

TO:

	nar Ventures, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	indence concerning this matter		
	Barbara L Ortiz		
		Name of Person	
	Gulf Miramar Ventures, Ll	LC	
		Firm/Company	
	14365 Windigo Lane		
		Address	· · · · · ·
	Orlando, Fl 32828		
	<del></del>	City/State and Zip Code	
	ivanhoe2121@hotmail.com		
	E-mail address: (	to be used for future annual report not	fication)
For further information of	concerning this matter, please c	all:	
Barbara L Ortiz		954 8046647 at ( )	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Gulf Miramar Ventures, LLC

21 MAR 15 PH 3: 16

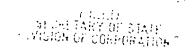
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Con	npany were filed on	February 5, 2021	and assigned
Florida document number L21000064373			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company	v here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," t	he designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		
	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:  Name of New Registered Agent:	ffice address on ou	nr records, <u>ente</u>	r the name of the new registered
New Registered Office Address:	Futar	Florida street addre	The state of the s
	City	, F	lorida Zip Code
New Registered Agent's Signature, if changing Registered A	·		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	d agree to act in to uplete performance nt as provided for	e of my duties, a in Chapter 605,	ind I am familiar with and F.S. Or, if 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member



<u>Title</u>	<u>Name</u>	Address	21 MAR 15 PM 3: 16	Type of Action
AMBR	Barbara L Ortiz	14365 Windigo	Lane, Orlando, Flrida 32828	Ada
				□Remove
				□Change
				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
				Remove
				□Change
				□ Add
				Remove
				□Change
				□Add
		·		□Remove
				□Change
				□ Add
				□Remove
				□Change
	<del></del>			□Add
				□Remove
				□Change

				21 MAR 15	<del>-01-0</del>
				ZI IIMI I J	t Li 2 · 12
					<del></del>
					<del></del>
	<u> </u>			<del></del> .	
					<del> </del>
				_	
	<del>.</del>				
				<u>.</u>	
tive date, if other than the ffective date is listed, the date mus	t be specific and cannot be p				
i If the date inserted in this blue ment's effective date on the Defective date on the Defective date.			filing requirem	ents, this date v	vill not be listed
ord specifies a delayed effectiv filed.	e date, but not an effectiv	ve time, at 12:01	a.m. on the earli	er of: (b) The	90th day after th
J February 5	2021				
$\alpha$	1	0			
de n.	the second	10//-/-	<u>.                                      </u>		