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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	porations		
SUBJECT:	Name of Limit	rty Venture ited Liability Company	s, LLC
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	_	O Arche Name of Person Dro persy	
		Droperty Firm/Company	0-7,101] Cc 0
	6320	DembroKar Address	2d
	Mirama	Y	33423
	multifar E-mail address: (1	City/State and Zip Code 1 9000 P C 9 W to be used for future annual report	notification)
For further information co	oncerning this matter, please ca		
A (funsu	Archer	at (786) 94 Area Code Da	ytime Telephone Number
Enclosed is a check for th	e following amount: S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Address		Street Addres	
Registration S		Registration	
Division of Co P.O. Box 632			Corporations of Tallahassee
- 101 001 004	•	THE COURT	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 HAY 20 AM 7: 47 A&N PROPERTY 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 $\frac{04/07/2021}{1}$ Florida document number <u>L21000161387</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NextGem Capital Ventures, LLC 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: (Mailing 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.

City

If Changing Registered Agent, Signature of New Registered Agent

__, Florida ___

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
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			□Change
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ective date, if other than the	date of filing:		(opti	onal)
effective date is listed, the date muster: If the date inserted in this bl	st be specific and cannot be prior	to date of filing or	more than 90 days after	filing.) Pursuant to 605.020
ument's effective date on the D			ing requirements, thi	s date will not be listed a
cord specifies a delayed effectiv s filed.	e date, but not an effective ti	ime, at 12:01 a.m	. on the earlier of: (b) The 90th day after the
April 19th	2022			
		_		
	As have			
	Signature of a member or auth	Optional Community	1/2	