h21000288185

(Requestor's Name)				
(Address)				
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(City/Chata/7/in/Dhana 40				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(2000)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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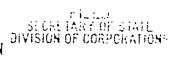
T. MATTHEWS JUL 21 2022

COVER LETTER

	Registrat Division (
emptez	TecK	Cay Vent	ures LLC		
SUBJEC	, I :		Name of Lim	ited Liability Company	
			mendment and fee(s) are sub	-	
Please re	turn all co	rrespond	fence concerning this matter	to the following:	
			Michael Dempsey		
				Name of Person	
			ZenBusiness Inc.		
				Firm/Company	
			336 E College Ave, Ste 30)I	
				Address	
			Tallahassee, FL 32301		
				City/State and Zip Code	
			fulfillment@zenbusiness.co		_
r e d	٠. ۵.	.•		to be used for future annual report notification)	
			cerning this matter, please ca	aii:	
Michael			Business Inc.	844 493-6249 at ()	
	۸	Name of P	erson	Area Code Daytime Telephone Nur	nber
Enclosed	l is a check	k for the	following amount:		
■ \$25.0	00 Filing I	Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee, ficate of Status & fied Copy ional copy is enclosed)
	<u>Mailing A</u> Registra		ction	Street Address: Registration Section	
	Division	of Cor	porations	Division of Corporations	
	P.O. Bo: Tallahas		, 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suit	e 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 MAY 20 AM 8: 01

TeeKay Ventures LLC			
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears (da Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Florida document number 1.21000288185	Company were filed on 06/22	2/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lir</u>	mited liability company here	2:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the desi	gnation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	ORESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our reco :	ords, <u>enter the nai</u>	ne of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	a street address	-
		Florida	
	City		Zip Code

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	Christina KAY	8 Winston Drive	□Add
		Belleair, FL 33756-1646	■Remove
		···	☐Change
AMBR	Thomas KAY	8 Winston Drive	■Add
		Belleair, H. 33756-1646	
			□ Change
			□Add
		-	□Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Add
			□Remove
			□ Change

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Effective date, if other than	the date of filing:	(optional)
f an effective date is listed, the date Note: If the date inserted in thi	must be specific and cannot be prior to date of filing or more than % s block does not meet the applicable statutory filing requirer	D days after filing.) Pursuant to 605,0207
document's effective date on the	e Department of State's records.	ments, this date will have be risted as
	ctive date, but not an effective time, at 12:01 a.m. on the ear	fier of: (b) The 90th day after the
d is filed.		
May 12	2022	
Dated May 12	· · · · · · · · · · · · · · · · · · ·	
Is/Thomas KA	ly	
101 112 1100 101	Signature of a member or authorized representative of a memb	ner
Thomas KAY		
i nomas NA i	Typed or printed name of signee	

Filing Fee: \$25.00