K21000296418

(Requestor's Name)
(Address)
(Address)
(Manager)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

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	Registration Sec Division of Corp					
eunuc		nd Ventures, LLC				
SUBJECT: Name of Limited Liability Company						
		Amendment and fee(s) are subr				
Please ret	urn all correspo	ndence concerning this matter t	o the following:			
		Michael I. Kean				
			Name of Person			
		Loren & Kean Law				
			Firm/Company			
7111 Fairway Drive, Suite 302						
			Address			
		Palm Beach Gardens, FL 3	3418			
			City/State and Zip Code			
		Mkean@lorenkeanlaw.com	o be used for future annual report not	ification)		
For furth	er information c	oncerning this matter, please ca		·		
Michael	l. Kean		954 249-1893 at ()			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed	l is a check for t	ne following amount:				
■ \$25.9	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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Manatee Land Ventures, LLC	
(Name of the Limited Liability Company as it now appears on our reco (A Florida Limited Liability Company)	ords.)
the Articles of Organization for this Limited Liability Company were filed on 6/28/2021	and assigned
lorida document литьег L21000296418	
his 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 "L	LC" or the abbreviation "L.L.C."
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, ent	er the name of the new regist
gent and/or the new registered office address here:	, m²,
)
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·
Enter Florida street ada	Florida
,	Florida
City	Zin 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	Joseph Papasso	2203 SE 30th Street	■Add
		Okcechobee, FL 34974	□Remove
			Change
	<u></u>		□Add
			□Remove
		<u></u>	Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Add
			□Rcmove
			☐ Change
			□Add
			Remove
			□Change
			□Add
			[] Parroue

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
(If an effect Note: If	date, if other than the date of filing:
f the record s record is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	
	Signature of a member or authorized representative of a member
	Michael I. Kean
	Typed or printed name of signee