K21000371277

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(Address)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
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COVER LETTER

SUBJECT:	JOHANNA	'S VENTURES LLC		
SOBJECT.		Name of Limited Liability Company	_	
The enclosed	Articles of A	Amendment and fee(s) are submitted for filing.		
Please return	all correspor	ndence concerning this matter to the following:		
		LEXIE RIVERS		
		Name of Person		
PRIME CORPORATE SERVICES				
Firm/Company				
5250 S COMMERCE DRIVE STE 200				
		Address		
		MURRAY, UT 84107		
		johannaboomsma@gmail.com	_	
		E-mail address: (to be used for future annual report notification)	20	
For further in	iformation co	oncerning this matter, please call:	21 A	
LEXIE RIV	ERS	855 577-4639 	U6 3	
	Name of		iber 7	
			2021 AUG 30 PH 12: 43	
		e following amount:	· 音描 5	
■ \$25.00 F	iling Fee	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, ficate of Status & fied Copy onal copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOHANNA'S VENTURES LLC

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

08/10/2021		
The Articles of Organization for this Limited Liability Company were filed on 08/18/2021 Florida document number L21000371277	and ass	igned
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 abbre	eviation "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, enter the registered agent and/or the new registered office address here:	ne name 2021 AUG	
Name of New Registered Agent:		
New Registered Office Address:	, O	; ;
Enter Florida street address	PH 12: 1	, -
Florida		- tax
City	Zip Codes	

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 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 i 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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti-
AMBR	Johanna Judith Temkje Boomsma	7901 4th Street North #300	
		St. Petersburg, Fl. 33702	Remove
			Change
			Add
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		<u> </u>
Note: If the date inserted in t document's effective date on	te must be specific and cannot be prior to date of filing or more his block does not meet the applicable statutory filing re the Department of State's records.	than 90 days after filing.) Pursuant to 605.0207 equirements, this date will not be listed as
(b) The 90th day after the	ayed effective date, but not an effective time record is filed.	ne, at 12:01 a.m. on the earlier of
Dated	2021	
	Signature of a member or authorized representative of	a member
Johanna Judith Ien		
	Typed or printed name of signee	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00