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## **COVER LETTER**

TO:	Registration Section Division of Corpor			
SUBJE	CT:		igital Ventures lited Liability Company	LLC
The enc	losed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please re	cturn all corresponde	nce concerning this matter	to the following:	
		Baus	ton Camilleri Name of Person	
		Cami	Heri Ventures Ll	_C
		2930 SM	J 23rd Ter AP	T304
		Gaines	VILLE FL 32608 City/State and Zip Code	
	_	E-mail address: (1	Ston Camiller (Que to be used for future annual report notice	ation)
For furth	er information conce	erning this matter, please ca	all;	
	Alisa Ca Name of Per		at (386) - 444-9 Area Code Daytime	5670 Telephone Number
Enclosed	I is a check for the fo	ollowing amount:		
<b>⋩</b> ( <b>\$</b> 25.	00 Filing Fee E	330.00 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:	i.a	Street Address:	

Registration Section

**Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bauston Digital Ventures LLC

(A Florida Limited I.	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2200019552</u> .	were filed on January 10, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
CAMILLERI	VENTURES LLC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7901 4th St N STE 300 St. Petersburg, FL 38702 USA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7901 4th St N STE 5838 St. Petersburg, FL 33702 USA
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, enter the name of the new registered
New Registered Office Address:	Enter Florida street address Florida  Florida  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>	<u>Address</u>	Type of Action
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