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SECRETARY OF STATE
TALLAHASSEE, FATE

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations			
S & A Strat	egic <u>Y</u> entures LLC		•	, -
SUBJECT:	Name of Lim	ited Liability Company		6 *
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Avery Lewis			
		Name of Person		-
	S & A Strategic Ventures	LLC		
		Firm/Company		-
	1000 Collinswood Drive V	Vest		202 SE
		Address		2 AU CRE
	Jacksonville/Florida 32225	5		2022 AUG -5 AM 9: 40 SECRETARY OF STATE TALLAHASSEE. FL
		City/State and Zip Code		¥ 9.8 2.8 3.8 3.8 3.8 3.8 3.8 3.8 3.8 3.8 3.8 3
	aclewis00@gmail.com	to be used for future annual report notif	ication)	15.1
For further information of	oncerning this matter, please c		,	AIE AIE
Avery Lewis		904 994-0611 at ()		
Name o	f Person		: Telephone Number	r
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
Mailing Addres Registration S		Street Address: Registration Sec	rtion	
Division of C	orporations	Division of Corp	porations	
P.O. Box 632	7	The Centre of T	allahassee	

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S & A Strategic Ventures LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L22000028382</u>	Company were filed on January 12, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LI.C" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	SEC
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		TILED AUG-5 M 9: 40 PRETARY OF STATE
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida 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 Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
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