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SECRETARY OF SIMIL

COVER LETTER

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TO: Registration S Division of Co					
BUCKING SUBJECT:	HAM VENTURES, LLC				
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	MICHEL PADRON				
		Name of Person	 		
	BUCKINGHAM VENTU	RES, LLC			
		Firm/Company			
	214 LANYARD PL				
		Address			
	LEHIGH ACRES, FL 339	36			
		City/State and Zip Code			
	PADRON1021@YAHOO.				
For further information of	roncerning this matter, please c	to be used for future annual report not all:	incanon)		
MICHEL PADRON		239- 826-6912 at ()			
Name o	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 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 Addre Registration		<u>Street Address:</u> Registration Sc	ection		
Division of Corporations		Division of Co	Division of Corporations		
P.O. Box 632 Tallahassee,		The Centre of			
i ananassee,	1 L 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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		ECRET APR
	GHAM VENTURES, LLC <u>y Company as it now appears on our records.</u> Limited Liability Company)	2 ~ ~ _
(A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 01-19-2022	and SignEd
Florida document number $\square 2000035674 = \square 2000035674$	12 0000 356 74	## B
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter t</u> i	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Fto	rida
	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>	Name	Address	Type of Action
MGR	ROSS E. SIMMONS	19191 PARKINGSON RD ALVA, FL 33920	□ Add
			■Remove
		·	⊡Change
			□Add
			[]Remove
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Effective date, if other than the (If an effective date is listed, the date mu. Note: If the date inserted in this bi document's effective date on the D	lock does not med	et the applicabl	thte of filing or more the statutory filing req	(options an 90 days after fili direments, this da	i l) ng.) Pursuant to 605,02 ite will not be listed	207 (3)(t as the
the record specifies a delayed effective ord is filed.	e date, but not an	i effective time	, at 12:01 a.m. on th	e carlier of: (b)	The 90th day after the	he
Dated MARCH 23,		2022				
Directi	<u> </u>	·	•			
\ \ \ \ //	$\alpha($					

Filing Fee: \$25.00

Typed or printed name of signee