L22000049342

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2022 FEB 14 PM 12: 50 SECRETARY OF STATE

A. BUTLER FEB 2 3 2022

COVER LETTER

TO: Registration Se Division of Cor		•	•
SUBJECT: 1555 Ventu			
SUBJECT.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Shannon Michael Thomas		
		Name of Person	
	1555 Ventures LLC		
		Firm/Company	
	1555 N Tamiami Trail		
		Address	
	North Fort Myers, Florida	33903	
		City/State and Zip Code	
	mike.thomasre@gmail.com		
	E-mail address: (1	to be used for future annual repor	1 notification)
For further information c	oncerning this matter, please ca	all:	
Shannon "Michael" Thor	nas	614 886-93	19
Name o	f Person	Area Code D	aytime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Sectificate of Status & Certificate Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 FEB 14 PM 12: 50

1555 Ventures LLC

SECRETARY OF STATE

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

The Articles of Organization for this Limited Liability Com	ipany were filed on	January 27, 2022	and assigned
Florida document number 1.22000049342			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	i liability company	/ here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," tl	he designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u></u>		
Enter new mailing address, if applicable:	<u></u>		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on ou	r records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Fatar	Florida street address	·
	12067 1		
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered A	· •		,
I hereby accept the appointment as registered agent and		is canacity I further ou	raa to comply with the

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	Shannon Michael Thomas	172 SE 3rd Terrace, Cape Coral FL, 33990	= Add
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