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Certified Copies	Certificates	s of Status
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SECRETATIVE STATE AND A TALLAHASSEEL FLORIDA



COVER LETTER

TO:

	gistration Sec vision of Corp						
eun irer.		n Ventures LLC					
SUBJECT:		Name of Lim	ited Liability Company				
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retur	n all correspo	ndence concerning this matter	to the following:				
		Daniel Talkins					
			Name of Person		<u> </u>	20 2	
		South Ocean Ventures LLG	C	•		2 N.E	
			Firm/Company		Service Over William	7022 DEC 29 P	,
			Address		FLOWDS	PH 3: 56	
For further	information co	d2talkins@gmail.com E-mail address: (City/State and Zip Code to be used for future annual report not	ification)			
Daniel Tall		meering this matter, preuse of	647 284-9558				
Daniel Tan	Name of	Person	at ()	ne Telephone Nun	nber	-	
Enclosed is	a check for th	e following amount:					
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certi: Certii	O Filing Fe ficate of S fied Copy onal copy is	tatus &	
Re D P.	ailing Addres egistration S ivision of C O, Box 632 allahassee, I	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suit	e 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTH OCEAN VENTURES LLC		
(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records.) Company)	
he Articles of Organization for this Limited Liability Company were	filed on January 28, 2022	and assigned
orida document number L22000050881		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability co	ompany here:	
ne new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbrevia	ation "L.L.C."
nter new principal offices address, if applicable:	Σσ	7 11.75
Principal office address MUST BE A STREET ADDRESS)	Ţ, à:	3
		C 2
	(f)	<u>ت</u>
nter new mailing address, if applicable:	E.C. Oki	R (-)
Mailing address MAY BE A POST OFFICE BOX)	9.	
duling dauress MAT BE A FOST OFFICE BOX	Ui	2
If amending the registered agent and/or registered office addressent and/or the new registered office address here:	ss on our records, <u>enter the name of</u>	the new reg
Name of New Registered Agent:		
New Registered Office Address:	Fator Elizabeth and James	
	Enter Florida street address	
	Florida	in Code
C)	iny Zi	p 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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		December 21	ากาา				
ffective date, if other than the	date of filing:			(optional)		
fan effective date is listed, the date mus	t be specific and o	cannot be prior to	date of filing or	more than 90 days	atter filing.) Pur	suant to 6	05.0207 sted as
an effective date is listed, the date mus Note: If the date inserted in this blo	t be specific and cock does not me	cannot be prior to eet the applicat	date of filing or	more than 90 days	atter filing.) Pur	suant to 6 not be li	05.0207 sted as
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