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COVER LETTER

TO: Registration Se Division of Cor						
	OOWN VENTURE, LLC					
SUBJECT:	Name of Lim	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:				
	LUIS MACHADO					
	 	Name of Person				
	SETTINGDOWN VENTU	JRE, LLC				
		Firm/Company				
	305 ALCAZAR AVE SUI	TE 3				
		Address				
	CORAL GABLES, FL 3.	3134				
		City/State and Zip Code				
	JPILAR@RENEGADEINV					
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	illication)			
LUIS MACHADO		305 447-1776				
Name o	f Person	Area Code Daytin	ne Telephone Number			
Enclosed is a check for the	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 Address		Street Address:	action			
Registration : Division of C		Registration Se Division of Co				
P.O. Box 632	27	The Centre of	Tallahassee			
Tallahassee,	FL 32314	2415 N. Monro	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2022 MAR -1 AM 7: 47

SETTINGDOWN VENTURE, LLC

(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 Company were filed on $\frac{02/07/2022}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Junarda Gonzalez Benitez Name of New Registered Agent: 305 Alcazar Ave Suite 3 New Registered Office Address: Enter Florida street address Coral Gables

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
MGR	Luis Machado	305 Alcazar Ave Suite 3	□Add
		Coral Gables. Fl 33134	=Remove
			□ Change
MGR	I Machado Family, LP	305 Alcazar Ave Suite 3	⊒ Add
		Coral Gables, Fl 33134	□Remove
			□Change
MGR	Antonio Gestido, Jr. Revocable Tru	6073 N.W. 167th Street Unit C 1	
		Miami, FL 33015	□Remove
			□ Change
			□Add
			□Remove
			□Change
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ective date, if oth	er than the date of	f filing: ific and cannot be	022	g or more than 90	(optional) days after filing.) Pu	arsuant to 605.0
te: If the date inser	ted in this block doe late on the Departme	s not meet the ap	oplicable statutor	y filing requirer	nents, this date wil	ll not be listed