L22000/06/52

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

PLEASE USE FUNDS FROM THIS A AUTHORIZATION SIGNATURE:Adam Enroy_Ventures_LLC	ACCOUNT: 120210000160 AMOUNT: \$25.00 faires full L22000106152
	Occument Document
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy of Articles of In-	corporation
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	X_AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited Partnership Reinstatement
APOSTIL()Country	Other
EXAMINER'S INITIALS:	

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

AUTHORIZATION SIGNATURE:	ACCOUNT: 120210000160 AMOUNT: \$25.00
Adam Enroy Ventures LLC (Business Name)	Document L22000106152
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy of Articles of I	ncorporation
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	X Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited PartnershipReinstatement
APOSTIL() Country	Other
EXAMINER'S INITIALS:	

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

Adam Enro	y Ventures LLC (L220001061	52)	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Amanda Patten		
		Name of Person	 -
	WCG		
		Firm/Company	
	2393 Flying Horse Club D	г	
		Address	<u></u>
	Colorado Springs, CO 809	21	
		City/State and Zip Code	
	support@wcginc.com		
	E-mail address: (to be used for future annual report noti-	lication)
For further information c	oncerning this matter, please ca	all:	
Amanda Patten, EA		719 387-9800 at ()	
Name o	f Person	Area Code Daytim	e 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 Addres Registration		<u>Street Address:</u> Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Adam Enroy Ventures LLC

company has been notified in writing of this change.

(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our rec I Liability Company)	ords.)		
he Articles of Organization for this Limited Liability Companion lorida document number <u>L22000106152</u> .	y were filed on 03/01/22	· · · · · · · · · · · · · · · · · · ·	and assig	gned
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited lia	bility company here:			
Adam Enfroy Ventures LLC				
he new name must be distinguishable and contain the words "Limited Lial	oility Company," the designation "l	LLC" or the		.C."
nter new principal offices address, if applicable:	7542 Excitement Drive	국()	7022	
Principal office address MUST BE A STREET ADDRESS)	Reunion, FL 34747	75		
			29	
inter new mailing address, if applicable:	7542 Excitement Drive		.?	
Mailing address MAY BE A POST OFFICE BOX)	Reunion, FL 34747		26	
. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent: Adam Enfroy		ter the na	me of the new	regi
Name of New Registered Agent: Adam Entroy				
New Registered Office Address: 7542 Exciten	<u> </u>			
· · · · · · · · · · · · · · · · · · ·	Enter Florida street ad	ldress		
Reunion		, Florida 🖁	34747	

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

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 Title <u>Name</u> Address Type of Action ___ □Add _____ Change \square Add _____Charige <u>∵</u> □Add □Remove _____ Change _____ □Remove

n/a	
-	
	20. 22
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	<u> </u>
ive date, if other than the date of filing:	(optional)
If the date inserted in this block does not meet the applie	able statutory filing requirements, this date will not be I
ent's effective date on the Department of State's records.	
d specifies a delayed effective date, but not an effective ti led.	
March 29 . 2022	
Manh 29 . 2022 Manh 29	_
fain Glory	
Signature of a ptember or duth	orized representative of a member