L22000109324

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2022 OCT 27 PH 1: 38

TALLAHASSEE, FL 32309 (850) 524-5437	
(850) 524-5437	
PLEASE USE FUNDS FROM THIS AUTHORIZATION SIGNATURE:Fairfigure Ventures, LLC BUSINESS (Name)	ACCOUNT: 120210000160 AMOUNT: \$25.00 L22000109324 Document #
Walk in	Pick up time
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NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	X Amendment
Profit Not for Profit Limited Liability Domestication Other	X Amendment Resignation of R.A. Officer/Direct Change of Registered Agent Dissolution/Withdrawal Merger
Profit Not for Profit Limited Liability Domestication Other CORP	XAmendmentResignation of R.A. Officer/DirectChange of Registered AgentDissolution/WithdrawalMergerConversion REGISTERATION/QUALIFICATIONSForeign filing
Profit Not for Profit Limited Liability Domestication Other CORP OTHER FILINGS	XAmendmentResignation of R.A. Officer/DirectChange of Registered AgentDissolution/WithdrawalMergerConversion REGISTERATION/QUALIFICATIONSForeign filingLimited PartnershipReinstatement
Profit Not for Profit Limited Liability Domestication Other CORP OTHER FILINGS Annual Report	XAmendmentResignation of R.A. Officer/DirectChange of Registered AgentDissolution/WithdrawalMergerConversion REGISTERATION/QUALIFICATIONSForeign filingLimited Partnership

EXAMINER'S INITIALS:_____

COVER LETTER

FO: Registration Sec Division of Corp	ction porations			
	entures, LLC			
SUBJECT:	Name of Luti	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
	ondence concerning this matter t			
	Dana Angelino			
		Name of Person		
	Fairfigure Ventures, LLC			
		Firm/Company		
	1241 Stirling Rd Ste 109			
		Address		
	Dania Beach, FL 33004			
		City/State and Zip C	ode	
	E-mail address: (to be used for future an	nual report notifi	cation)
For further information	concerning this matter, please c	all:		
Dana Angelino		954 at (6614310	
Name	of Person	Area Code	Daytime	Telephone Number
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Certified Cop (additional copy	y	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
<u>Mailing Addre</u> Registration			et Address: gistration Sec	ction
Division of	Corporations	Div	rision of Cor Centre of T	porations
P.O. Box 63 Tallahassee,				e Street, Suite 810

Tallahassee, FL 32303

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

FILED 2022 OCT 27 AM 10: 53
SEUNE TALE AHASSEE, FL

Fairfigure Ventures, LLC

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

(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	
The new name must be distinguishable and contain the words "Lamited Liability Contents of the 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	npany," 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	
(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	1 Stirling Rd Ste 109
(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	*
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office addres	ia Beach, FL 33004
agent and/or the new registered office address here:	ia Beach, FL 33004 ss on our records, enter the name of the new registere
Name of New Registered Agent: Dana Angelino	
New Registered Office Address: 1241 Stirling Rd Ste 10	09
	Enter Florida street address
Dania Beach	, Florida <u>33004</u>
Cit	

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.

H 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
MGR	FAIRFIGURE CAPITAL, LLC	1241 Stirling Rd Stc 109	□Add
		Dania Beach, FL 33004	Remove
		 	□Add
			□Remove
<u></u>			□Add
			□ Remove
			Change
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Note: If th	e date inserted	l in this block d	oes not mee	it the applic	able statutory	filing requirer	nents, this o	late will n	ot be lis	sted as t
document's	effective date	on the Departs	nent of Stat	e s recorus						
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Filing Fee: \$25.00