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(Re	questor's Name)
(Ad	dress)
(Àd	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	siness Entity Name)
(Do	cument Number)
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of 6/22/2022

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	TYPSY SULLI Name of Limi	ited Liability Company	LC_
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Angela	Name of Person	
	Cypsy S	oul Ventures	i, ilc
	1763 H	terply Rd Address	
	Lauve	City/State and Zip Code	107
	E-mail address: ()	CS real-tor @ 0	mail. Wm
For further information of	concerning this matter, please ca	all:	
Angela I Name (Meeks of Person	at (<u>&\$50) </u>	OO7 > e Telephone Number
Enclosed is a check for t	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:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gypsy Soul	Ventures,	LL 2022 JUN 21 AH 10: 18
(<u>Name of the Unmited Liability C</u> (A Florida Lii	Company as it now appears or mited Liability Company)	i our records.)
The Articles of Organization for this Limited Liability Comforda document number $\frac{L220001998}{}$	npany were filed on <u>OU</u> US	27 2022 and assigned
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," the desig	nation "L.I.C" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(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 our reco	rds, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
new registered 2/11/00 radices.	Enter Florida .	street address
	_	. Florida
	City	Zip 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 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 Type of Action Title Name Address MGR Angela D Meeks 112 Dogwood Ln Crection, Fl □Remove 112 Dogwood AMBR Angela D. Meeks □Remove ______ □Change ___ □Remove _____ □Change _____ □Remove _____ □Change _____ □Remove □Add

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n effecti i <u>te:</u> f t		e must be specific and is block does not m	l cannot be prior to o neet the applicabl	late of filing or more t		al) ng.) Pursuant to 605.020' ate will not be listed as
cord sp s filed.		ective date, but not	an effective time	, at 12:01 a,m. on th	he earlier of: (b)	The 90th day after the
ed	(0-21-20					
		Ange Signature of a r	la Monember or authorize	HUK ed representative of a	member	