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S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

THEORY VENTURES 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:	
	Ayleen Boyce		
		Name of Person	
		Firm/Company	
	148 Whirlaway Dr		
		Address	
	Davenport FL 33837		
	Theory Ventures LLC@gmai	City/State and Zip Code L.com	
	E-mail address: (to be used for future annual report notificat	tion)
For further information c	oncerning this matter, please c	all:	
Ayleen Boyce		954 812-8147	
Name o	f Person	at ()Area Code Daytime Te	elephone 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:

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

COFFEE THEORY 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 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: THEORY VENTURES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: 148 WHIRLAWAY DR (Principal office address MUST BE A STREET ADDRESS) DAVENPORT FL 33837 Enter new mailing address, if applicable: 148 WHIRLAWAY DR (Mailing address MAY BE A POST OFFICE BOX) DAVENPORT FL 33837 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida __ Cin

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

N/A - NO	chanage
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<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
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ective date, if other than the	date of filing:	(optional)
effective date is listed, the date must	the specific and cannot be prior to date of filing	or more than 90 days after filing.) Pursuant to 605.020
te: If the date inserted in this big turnent's effective date on the Do	partment of State's records.	filing requirements, this date will not be listed a
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	e date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
cord specifies a delayed effective		271
s filed.	2022	1122
s filed. JUNE 27	2022	IZZ JUL
s filed. JUNE 27	2022	A IASS
s filed. JUNE 27 ted	2022 Signature of a member or authorized represent	JUL -5 (