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PICK-UP WAIT MAIL
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(Business Littly Name)
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COVER LETTER *

Tallahassee, FL 32314

TO: Registration of Division of	on Section f Corporations		
	MAN & KERN VENTURES LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Article	es of Amendment and fee(s) are st	abmitted for filing.	
Please return all cor	respondence concerning this matte	er to the following:	
	CHRISTINA SERRA		
		Name of Person	
	SERRA & COMPANY	CPA LLC	
		Firm/Company	
	6118 W CORPORATE C	DAKS DR	
		Address	
	CRYSTAL RIVER, FL	34429	
		City/State and Zip Code	
	CHRISTINA@SERRACI	PAFIRM.COM : (to be used for future annual report)	notification)
For further informat	tion concerning this matter, please		
CHRISTINA SERF	RA	352 794-3879)
N	ame of Person	Area Code Day	time Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ion Section of Corporations	Street Address Registration Division of C The Centre o	Section

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUFFMAN & KERN VENTURES LLC					
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company))			
The Articles of Organization for this Limited Liability Company Florida document number 1.22000276847 This amendment is submitted to amend the following:	y were filed on <u>06/17/2022</u>	and assi			
A. If amending name, enter the new name of the limited lial	bility company here:				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.1			
	853 SR 436				
Enter new principal offices address, if applicable:	STE 1029				
(Principal office address MUST BE A STREET ADDRESS)	CASSELBERRY, FL 32707				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		20			
B. If amending the registered agent and/or registered office		2022 ROV			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	1771			
		AN C			
Name of New Registered Agent:		9 02			
New Registered Office Address:	Enter Florida street address	<u></u>			
•	, Flor	rida			
	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 complete provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documents 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 be or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of .
MGRM	RISHI SHARMA	853 SR 436	□Add
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e: I	re date, if otherive date is listed the date insent is effective.	rted in this	block does	not meet	the applica	o date of fili ble statutor	ng or more t y filing re	(o) han 90 days a quirements,	otional) fter filing.) Pur this date will	suant to 605 not be list
ord file	specifies a de d.	layed effect	ive date, bi	it not an e	ffective tir	ne, at 12:0	l a.m. on t	he earlier of	: (b) The 90	th day after
ed _	Nove	mbe/	17_		2022 VV	·				
						rized represe	ntative of a	member		
			Signature	of a morni	per or autho	nzeu represe	manve or a	incinoci		

Filing Fee: \$25.00