L22000293128

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COVER LETTER

	Registration Division of (i Section Corporations		
SUBJEC"		Ventures LLC	•	
SUBJEC	'	Name of Lin	nited Liability Company	
The enclo	sed Anicles	of Amendment and fee(s) are sul	omitted for filing.	
Please reta	urn all corre	espondence concerning this matter	r to the following:	
		Shari Margolin		()
			Name of Person	;)
		Afuera Ventures LLC		C. (
			Firm/Company	·.)
		5884 Trieda Drive		()
			Address	<u> </u>
		Melbourne, FL 32940		
		shari.margolin@gmail.con	City/State and Zip Code	
		E-mail address:	(to be used for future annual report not	fication)
For furthe	r informatio	on concerning this matter, please of	call:	
Shari Ma	rgolin		404 401-3329 at ()	
	Nan	ne of Person	Area Code Daytin	ne Telephone Number
Enclosed i	is a check fo	or the following amount:		
≅ \$25,0	0 Filing Fee	e \$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)
F [: f	Division o P.O. Box (on Section f Corporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Afficia Ventues LLC	
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)
ne Articles of Organization for this Limited Liability Company were filed on June 2	29. 2022 and assigned
orida document number L22000293128	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here	:
ne new name must be distinguishable and contain the words "Limited Liability Company," the design	mation "LLC" or the abbreviation "LLC"
nter new principal offices address, if applicable:	(,
Principal office address MUST BE A STREET ADDRESS)	2.5
	· · · · · · · · · · · · · · · · · · ·
	<u>:</u>
nter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office address on our reco	ords, enter the name of the new regist
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida	street address

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.

City

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Joshua Meister	5884 Trieda Drive	
		Melbourne, FL 32940	■Renюve
			□Change
AMBR	Shari Margolin	5884 Trieda Drive	□Add
		Melbourne, FL 32940	□Remove
			=Change
			⊐Add
			Петюче
			Remove
			□Change
			□Rетюче
			□Change
	 _		⊒Add
			¬Remove
			IChange

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ctive date, if other than the effective date is listed, the date must e: If the date inserted in this blo iment's effective date on the De	ck does not meet the applicable statutory fili	(optional) nore than 90 days after filing.) Pursuant to 605.0 ng requirements, this date will not be listed
ord specifies a delayed effective filed.	date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after
d July 19	- 2022	
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