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SECRETARY OF STATE
TALLAHASSET

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	daro Ven	Hures, CLC ited Liability Company	i • • · · · · · · · · · · · · · · · · ·
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	. */	Makievsk Name of Person Laro Venture Fina/Company	2, 66 C
	11/0/	Address St	# 919
	west Talm  vtalic.c  E-mail address: (1	Beach FC City/State and Zip Code Coutracting Go to be used for future annual peport before	mail.com
For further information co	ncerning this matter, please ca	at ( <b>502</b> ) 938	1-1387
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e 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

Vidaro	Ventures	LLC	
(Name of the Limit	ed Liability Company as	s it now appears on our records.)	
	(A Florida Limited Liabili	ity Company)	

(Principal office address MUST BE A STREET ADDRESS)		-
		<del>.</del>
Enter new mailing address, if applicable:		-
(Mailing address MAY BE A POST OFFICE BOX)	v Z	-
	SECR TAN	
B. If amending the registered agent and/or registered office address on o	our records enter the name of the new capitte	1 1000 1000 1000 1000 1000 1000 1000 1
agent and/or the new registered office address here:		ico LT
	ASSEE	-
Name of New Registered Agent:	E, F	<u>_</u>
	ATE L	-
New Registered Office Address:	er Florida street address	-
Ente	er r toriaa sireet aaaress	
	, Florida	_
City	Zip Code	

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 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>	Address	Type of Action
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			⊒Remove
			□Change

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 MGR Vtalic, LLC 305 Cheshire St DAdd Port Charlotte, FL 3585 BREMOVE MGR The Lila Belle Shop, UC 5504 Gum Tree Xing DAdd Jeffessanville, IN 47130 Memore AMBR VTALIC, LLC 305 Cheshire St XAdd Port Charlotte, FL 33953 -Remove AMBR The Lila Belle Shop, LLC 5504 Grum Tree King XAdd Jeffersonville IN 47/30 -Remove \_\_\_\_\_\_ Change

\_\_\_\_\_ □Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an e <u>Note:</u>	tive date, if other than the date of filing:
If the reco	and specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	August 24th 2022
	All the second s
	Signature of a member or authorized representative of a member
	Vitaly Makievsky Typed or printed name of signee