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To:	Division of Corporations Fax Number : (850)617-6383			
From:	Account Name : REGISTERED AGENTS I Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010	NC .		
<pre>☆ **Enter the e</pre>	email address for this business entity report mailings. Enter only one email ddress:		ure 2023 FEB	
5053 LLC	AMND/RESTATE/CORRECT OR M ADK VENTURES, LLC	I/MG RESIGN	L PH	- IL E D
	Certificate of StatusCertified CopyPage CountEstimated Charge	0 0 04 \$25.00	3 72	

CT3 01 CT4

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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¥ ADK Ventures, LLC	
( <u>Name of the Limited Liability Company as it now appears on our records.</u> ) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 08/05/22 and assig Florida document number L22000346119	ned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered office address here</u> :	
Name of New Registered Agent:	
New Registered Office Address:	
, Florida, 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
AMBR	Aaron Kiessling	7901 4th St N	🗹 Add
		STE 300	🗆 Remove
		St. Petersburg, FL 33702	🗆 Change
			🗆 Add
			🗆 Remove
			🗆 Change
			🗆 Add
			🗌 Remove
			□Change
<u>.</u>			🗆 Add
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			🗆 Add
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			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Effective date, if other than the date (If an effective date is listed, the date must be <u>Note:</u> If the date inserted in this block	tte of filing:	o date of filing or more than	(optional) 90 days after filing & Pupulant to 6	በኝ በንበን ርጊዝ
<u>Note:</u> If the date inserted in this block document's effective date on the Depa	c does not meet the applica artment of State's records.	ble statutory filing requir	ements, this date will not be li	sted as the
the record specifies a delayed effective d cord is filed.	ate, but not an effective tir	ne, at 12:01 a.m. on the e	arlier of: (b) The 90th day af	ter the
Dated February 14	. 2023	_ ·		
	NOVE SI	1.1.1.1		
Si	gnature of a member or autho	rized representative of a me	mber	
	Nat Smith			
<del>.</del>	Typed or printe	d name of signee		

Filing Fee: \$25.00