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(Requestor's Name)
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2022 OCT | 14 NH ||: 58 SECRETARY OF SEAL

COVER LETTER

TO: Registration S Division of Co			
	itures LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Eric S Garcia		
		Name of Person	
	Early Ventures LLC		
		Firm/Company	
	5437 Siesta Key Loop		2022 SEC
		Address	ARE OCT
	Dover, FL 33527		2022 OCT 14 AM 11: 58 SECRETARY OF STATE TALLAHASSEE, FL
		City/State and Zip Code	7.5 F
	erieg106@yahoo.com		mo =
For further information	e-mail address: ((to be used for future annual report notifical	ition)
Eric S Garcia		813 365-1801	
Name	of Person	at ()at () Area Code Daytime T	elephone Number
Enclosed is a check for	the 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 Addro Registration		Street Address: Registration Section	on
Division of Corporations		Division of Corpo	rations
P.O. Box 63 Tallahassee,		The Centre of Tall 2415 N. Monroe S	
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Early Ventures LLC		
(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears on o ted Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Compa	any were filed on Septemb	er 21, 2022 and assigned
Florida document number L22000411677		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
he new name must be distinguishable and contain the words "Limited I.	iability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
Principal office address MUST BE A STREET ADDRESS	<u> </u>	2022
		200 °T1
Enter new mailing address, if applicable:		25° CT
Mailing address MAY BE A POST OFFICE BOX)		min I I
		<u></u>
3. If amending the registered agent and/or registered offi gent and/or the new registered office address here:	ce address on our record	s, enter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	pet address
		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>	<u>Address</u>	Type of Action
AMBR	Eric S Garcia	5437 Siesta Key Loop	
		Dover, FL 33527	□Remove
			□Change
			Remove
			SECRET
			UAdda =
			Remove
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Sote: If the date inserted in this	ne date of filing: must be specific and cannot be prior to date of filing block does not meet the applicable statutory Department of State's records.	(optional) gor more than 90 days after filing.) Pursuant to filing requirements, this date will not be	605.020 listed as
ocument's effective date on the			
record specifies a delayed effect	ive date, but not an effective time, at 12:01 a	a.m. on the earlier of: (b) The 90th day a	ifter the
record specifies a delayed effect Lis filed.	ive date, but not an effective time, at 12:01 a	a.m. on the earlier of: (b) The 90th day a	after the
record specifies a delayed effect I is filed.			after the