L22000/12/12

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
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COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Alex Poole			
		Name of Person		
		Firm/Company		
	1680 Michigan Avenue #7	00		• 1
		Address		•
	Miami Beach FL 33139 U	nited States	•	
	·	City/State and Zip Code		
	reverts_castle_0n@icloud.c			: .
	E-mail address: (to be used for future annual report noti-		∑: 2:
For further information c	oncerning this matter, please co	all:	€** = 	<u> </u>
Alex Poole		305 515-2000 at (
Name o	f Person	at () Area Code Daytim	e Telephone Number	_
Enclosed is a check for the	ne 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 Certificate of Certified Cop (additional copy	Status &

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

INTERZONE VENTURES LLC (previously Enter the Interzone LLC) (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{09/28/2022}{1}$ _ and assigned 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 "LLC." 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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 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>	Address	Type of Action
			□Add
			□Remove
		···	□Change
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date	(optional)
n effective date is listed, the date must be specific and cannot be prior to date te: If the date inserted in this block does not meet the applicable st	
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an of the 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlie
ted May 02 2024	
Signature of a member or authorized r	representative of a member