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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ĉi	ty/State/Zip/Phone #	f)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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A. RIVERS
JUN 2 4 2023

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Mible Nible V	lentures LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter		
rease return an correspo	indence concerning this nation	to the following.	
	<u> </u>	lonica Ible Name of Person	
		_	
		106 Nible Ventu Firm/Company	ves
		• •	
	8915	Ramblewood Dei	ve Apt 2211
	Cora	City/State and Zip Code Nible Ventures U to be used for future annual report not	33071
	ι Λ Ω. 1. 1.	City/State and Zip Code	4 60 1 (2)40
	E-mail address: (1	l Ni ble Ventuves U	itication) mau 1. W m
For further information of	concerning this matter, please ca	all:	
Moni	caIble	at (<u>754</u>) <u>3le le -</u> Area Code Daytin	5513
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Addre		Street Address:	
Registration Division of C		Registration Se Division of Co	
P O Box 633		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mible Nible Ver	ntures LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) offity Company)	
The Articles of Organization for this Limited Liability Company we	ere filed on 1123 23	and assigned
Florida document number <u>L 2 3 0000 430 17</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
The new name must be distinguishable and contain the words "Limited Liability"	Company," the designation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
-		
Enter now mailing address if applicables		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
Maining undress MAT DE ATOMY OF FICE DOAY		20
-		750 FA TI
B. If amending the registered agent and/or registered office address here:	dress on our records, enter the name	
agent and/or the new registered office address here.		THE PROPERTY OF
Name of New Registered Agent:		E C
		PA 02
New Registered Office Address:	Enter Florida street address	
	Florida	Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro	erformance of my duties, and I am fa	umiliar with and

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Nicholas Ible	8915 Ramblewood Drive	🄀 Add
		Apt 2211	□ Remove
		Coral Springs FL 33071	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Петюче
			□Change
			□Add
			□Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an e	tive date, if other than the date of filing: (optional) flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the mem's effective date on the Department of State's records.
he reco	ord 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	April 10th, 2023.
	Signature of a member or authorized representative of a member
	monica Ible

mu r degad