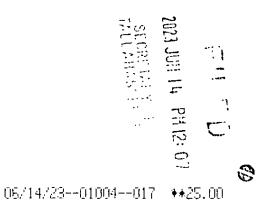
La3000 (Baa7

| | (Requestor's Name) |
|-------------------------|--------------------------|
| | (Nequesion's Harrie) |
| | |
| | (Address) |
| | |
| | (Address) |
| | (Address) |
| | |
| | (City/State/Zip/Phone #) |
| | |
| PICK-UF | WAIT MAIL |
| | |
| | |
| | (Business Entity Name) |
| | |
| | (Document Number) |
| | |
| | |
| Certified Copies | Certificates of Status |
| | |
| | |
| Special Instructions to | Filing Officer: |
| | |
| | J. No. |
| | Ju ORNO |
| | JUN, 4 2023 |
| | * EQ3 |
| | - |
| | |
| <u> </u> | |

Office Use Only



300409889143



2023 JUN 14 PM 12: 1

COVER LETTER

| TO: Registration S Division of Co | | | |
|--|---|---|---|
| | al Ventures LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspondent | ondence concerning this matter | to the following: | |
| | Miche Michel | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 465 Sw 86th Ave Apt 10 | | |
| | | Address | |
| | Pembroke Pines, FL 330 | 025 | |
| | info@lvgglobalventures.c | City/State and Zip Code | |
| | | to be used for future annual report notific | cation) |
| For further information of | oncerning this matter, please c | all: | |
| Miche Michel | | 954 488-4545 | |
| Name o | f Person | | Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| ■ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I | Section Torporations 7 | Street Address: Registration Sect Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL 3 | orations Hahassee Street, Suite 810 |

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION \mathbf{OF}

| AKTICLES OF | ORGANIZATIO | 711 |
|--|---|--|
| • | OF | 1311 - 5 0 |
| LVM Global Ventu | MS CLC | 2023 JUN 14 PM 12: 07 |
| (<u>Name of the Limited Liability Con</u> (A Florida Limit | npany as it now appears on ed Liability Company) | our records: |
| (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,, | S CAMASCÉLLA |
| he Articles of Organization for this Limited Liability Compa | ny were filed on June 7 | , 2023 and assigned |
| lorida document number L23000063227 | | |
| Torida document number | | |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | ability company here. | |
| i. If amending hame, enter the new hame of the himted to | abinty company nere. | |
| | 127 0 24 1 | i NION A LI IN MILON |
| he new name must be distinguishable and contain the words "Limited Li | ability Company, the design | lation "LLC" or the appreviation "L.L.C. |
| nter new principal offices address, if applicable: | - A | |
| Principal office address MUST BE A STREET ADDRESS) | 1175 NE | - 125 Street |
| - | Suite 31 | O North Miami |
| | Floring, | 33161 |
| nter new mailing address, if applicable: | 1 | 17 ' |
| • • • | | |
| Mailing address MAY BE A POST OFFICE BOX) | - | |
| | | |
| . 76 | | |
| If amending the registered agent and/or registered office gent and/or the new registered office address here: | e address on our recor | as, enter the name of the new regis |
| the and of the new jegistered office address here. | | |
| N. C.V. B. L. LA | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| - | Enter Florida si | treet address |
| | | . Florida |
| | City | 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, 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 |
|-----------------------|---------------|---------------------------------------|-------------------|
| MGR Emmanuelle DuPont | | 465 Sw 86th Ave Apt 102 Pembroke Pine | s, FL 33(⊠Add |
| | 33025 | Remove | |
| | | | □Change |
| MGR | Imanie Michel | 465 Sw 86th Ave Apt 102 Pembroke Pine | s, FL 33(|
| | | 33025 | □Remove |
| | | | □ Change |
| | | | □ Add |
| | | | Remove |
| | | | □Change |
| | | | □Add |
| | | | Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □ Add |
| | | | □Remove |
| | | | □Change |

| | ð. | ·F |
|----------------------|--|--|
| | · · · · · · · · · · · · · · · · · · · | |
| | | |
| | <u>, 9.</u> | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | <u>.</u> | |
| | | <u> </u> |
| | | |
| | | • |
| | | |
| | | |
| | . 74 0000 | |
| Note: | June 7th 2023 (option fective date, if other than the date of filing: | onal) filing.) Pursuant to 605.0207 (date will not be listed as the |
| he reco ord is fi | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) fled. | The 90th day after the |
| Dated | June 7th 2023 | |
| | | |
| | Signature of a member or authorized representative of a member | |

Typed or printed name of signee