L23000068995

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| ecial Instructions to | Filing Officer: | |
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March 1, 2023

CARMEN COLON 6615 W BOYNTON BEACH BLVD BOYNTON BEACH, FL 33437 US

SUBJECT: CICI ENTERPRISE LLC Ref. Number: L23000068995

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The date of adoption of each amendment must be included in the document.

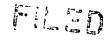
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 923A00004770

Jasmine N Horne Regulatory Specialist II

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



CICLENTERPRISE LLC

2023 MAR -8 PM 1:47

| (Name of the Lin | nited Liability Comp | any as it now annears on ou | er records) Salar. |
|---|----------------------------------|------------------------------|---------------------------------------|
| \ <u>-</u> | (A Florida Limited | Liability Company) | TALL ANSSEE, FL |
| he Articles of Organization for this Limited | | | _ |
| lorida document number L23000068995 | · | | • |
| his amendment is submitted to amend the fo | llowing: | | |
| a. If amending name, enter the new name | of the limited liab | oility company here: | |
| Bold Ventures Enterprises, LLC | | | |
| he new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designati | on "LLC" or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | | 6615 W Boynton Beach | h Blvd |
| Principal office address MUST BE A STRE | ET ADDRESS) | Boynton Beach, FL, 33 | 437 |
| Enter new mailing address, if applicable: | | 6615 W Boynton Beact | n Blvd |
| Auiling address MAY BE A POST OFFICE BOX) | | Boynton Beach, FL, 33 | 437 |
| i. If amending the registered agent and/or gent and/or the new registered office addre | registered office : ess here: | address on our records. | , enter the name of the new register |
| Name of New Registered Agent: | Carmen Colon | | |
| New Registered Office Address: | | | |
| | | Enter Florida stree | t address |
| | Boynton Beach | | , Florida 33437 |
| | | | , Pioriga |

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> | Name | Address | Type of Action |
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| ated | <u>March</u> — | 7 | _, <u>107</u> 7 | <u>, </u> | | |
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| | | Signature | of a member or a | uthorized represent | tative of a member | |

Filing Fee: \$25.00

COVER LETTER

Registration Section **Division of Corporations** Bold Ventures Enterprises, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Carmen Colon Name of Person Bold Ventures Enterprises, LLC Firm/Company 6615 W Boynton Beach Blvd Address Boynton Beach, FL, 33437 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 503-2040 Carmen Colon Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & (1) \$55.00 Filing Fee & [] \$60.00 Filing Fee,

Malling Address:

TO:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address:

Cortified Copy-

(additional copy is enclosed)

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certificate of Status &-Certified Copy

(additional copy is enclosed)