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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Limite	ed Liability Company		
		, , ,		
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.		
Please return all correspo	ondence concerning this matter to	the following:		
	IRVING VIERMA			
		Name of Person	·	
	THE IV ENTREPRENEUR	S		
		Firm/Company		
	3801 AVALON PARK E B	LVD #200, 2ND FL		
	<del></del>	Address		
	ORLANDO, FL 32828			
		City/State and Zip Code		
	business@tivelle.com			
	E-mail address: (to	be used for future annual report not	iffication)	
For further information c	oncerning this matter, please cal	1:		
IRVING VIERMA		407 2672529 at ()		
Name of Person		Area Code Daytir	ne Telephone Number	
Enclosed is a check for t	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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:	vetion	
Registration S Division of C		Registration Section Division of Corporations		
P.O. Box 632		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE IV ENTREPRENEURS LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000076662</u>	were filed on FEB 10, 2023 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	3801 AVALON PARK EAST BLVD			
(Principal office address MUST BE A STREET ADDRESS)	SUITE 528, 2ND FL			
	ORLANDO, FL 32828			
Enter new mailing address, if applicable:	3801 AVALON PARK EAST BLVD			
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 200, 2ND FL			
<del>-</del>	ORLANDO, FL 32828			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the name of the new registere</u>			
New Registered Office Address:	Enter Florida street address			

## 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.

City

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
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record Lis filed		d effective date, bu	at not an effective	e time, at 12:01	a.m. on the earlie	r of: (b) The 90th	day after the
ated _	AUGUST 21ST		2024	)    			
				VI // \	13/		

Typed or printed name of signee