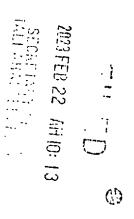
L23000011018

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE
	FEB 2 3 2023

Office Use Only



200401639642





(850) 524-6243 Please use funds from this account: 120210000160: \$25.00 Authorization Signature: L2300007708 63 Ventures LLC **DOCUMENT # BUSINESS NAME** Certified Copy of Articles of Organization Certificate of Status <u>AMMENDMENTS</u> **NEW FILINGS** x Amendment **Profit Corp** Resignation of R.A. Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution Domestication Merger Other Conversion CORP **Amended and restated Articles** LLLP Statement of Authority REGISTERATION/QUALIFICATIONS **OTHER FILINGS** Foreign filing Annual Report Limited Partnership Reinstatement Fictitious Name Other APOSTILLE **Country**

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

(850) 524-5437

TALLAHASSEE, FL 32309

EXAMINIER'S INITIALS:____

(850) 524-5437 (850) 524-6243	
Please use funds from this account: Authorization Signature:	120210000160: \$25.00
63 Ventures LLC BUSINESS NAME	L2300007708 DOCUMENT #
Certified Copy of Articles of	Organization
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Corp Not for Profit Limited Liability Domestication Other CORP LLLP	
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing Limited Partnership Reinstatement
APOSTILLE Country	Other
EXAMINIER'S INITIALS:	

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

COVER LETTER

Division of Cor	perations		
subject: <u>(03</u>	V C V Name of Limi	TUPES 11 C ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Rembel L	Name of Person	
	63 ven	TUYEL ILC Firm/Company	
	6586 W	Atlantic Ava	2 # 1/27
	Delvay Bea TDU 63: E-mail address: (1	City/State and Zip Code Ventures. Com To be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca	ali:	
Remnel Name o	Me(U)	at (501) 3510 - Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section

TO:

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 Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ed 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 and assigned Florida document number <u>L22</u> 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 "L.L.C." 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 City 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
	Rembel Meas	305 NE 2nd Ave #54	MAdd
		305 NE 2nd Ave #54 Delray Beach, FL, 336	H (I) Remove
			□Change
			□Add
			□Remove
			[]Change
			□Add
			[]Remove
			Change
			C]Add
			□Remove
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			□ Change

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n effecti <u>te:</u> If t	date, if other than the date of filing:	
cord sp s filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at	fler the
ed	2/22/23 , RM	
	Signature of a member or authorized representative of a member	
	Remhel Meas Typed or printed name of signee	

Filing Fee: \$25.00