

L230000011018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

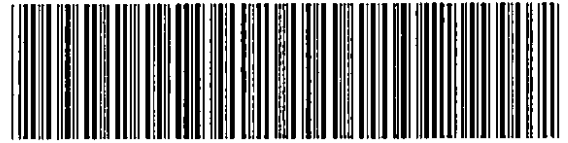
Certified Copies _____

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J. HORNE
FEB 23 2023

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SECRETARY'S OFFICE
TALLAHASSEE, FLORIDA

2023 FEB 22 AM 10:13

RECEIVED

SECRETARY'S OFFICE
TALLAHASSEE, FLORIDA

2023 FEB 22 PM 3:45

RECEIVED

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: I20210000160: **\$25.00**

Authorization Signature: _____

63 Ventures LLC _____ L2300007708 _____
BUSINESS NAME **DOCUMENT #**

☐ Certified Copy of Articles of Organization

☐ Certificate of Status

NEW FILINGS

☐ Profit Corp
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**
☐ **LLLP**

AMMENDMENTS

☒ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution
☐ Merger
☐ Conversion
☐ Amended and restated Articles
Statement of Authority

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ APOSTILLE ☐
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement
☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 63 Ventures LLC
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:

Remmel Meas
Name of Person

63 Ventures LLC
Firm/Company

6586 W Atlantic Ave #1127
Address

Delray Beach FL 33446
City/State and Zip Code

TDL@63ventures.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Remmel Meas at (561) 356-6514
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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
Tallahassee, FL 32303

SECRET
2023 FEB 22 10:13

(Name of the Limited Liability Company as it now appears on our records,
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Zip Code

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 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