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COVER LETTER

Division of Corp	porations		
SUBJECT:	17 Ventures	LLC	
SUBJECT		ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Randall T	ern	
	272 V	Name of Person	
		Firm/Company	
	313 North	Merigese Ave	
	Lis An	City/State and Zip Code Complete Compl	
	PETRUZ	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please co	all:	
Bundal!	Tern	at $(\frac{\dot{Q}/3}{\text{Area Code}})$ $\frac{330 90}{\text{Daytim}}$	366
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 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 Address	v:	Street Address:	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

The Articles of Organization for this Limited Liability Compar Florida document number <u>23003/32997</u> .	ny wore filed on	3/20/23	and assigned
Florida document munder / 23000/32,997	iy were med on	-//	and assigned
Piorida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company he	·re:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the d	esignation "LLC" or the	abbreviation "L.L.C,"
Enter new principal offices address, if applicable:			20
(Principal office address MUST BE A STREET ADDRESS)			نت د
			2 -
			2
Enter rangemailing address if applicables			=
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	e address on our r	ecords, <u>enter the</u> na	me of the new registere
New Registered Office Address:	Enter Flor	ida street address	
		, Florida	
	City	, 101104_	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>		
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of s provided for in (my duties, and Lan Thapter 605, F.S. O	n familiar with and r, if this document is

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
MGIC	Tracy Holling with	17304 Reserve Muno Cr App 303	□Add
		Chester, Va 23831	Remove
			□Change
	.		□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			
			□Remove
			□ Change
			□ Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change

	
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prio ote: If the date inserted in this block does not meet the appli- ocument's effective date on the Department of State's records	cable statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but not an effective t is filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ated Jane VIL 2023	<u></u> -
, , ,	norized representative of a member
Rundell Terry	

Filing Fee: \$25.00