

L23000194591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

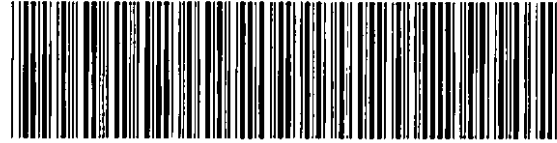
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



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09/05/23--01045--008 \*\*55.00

*[Handwritten mark]*

**CRAIG D. SAVAGE, P.A.**

HARBOUR CENTRE  
18851 NE 29<sup>TH</sup> AVENUE, SUITE 303  
AVENTURA, FL 33180

TEL (954) 985-1005  
FAX (954) 985-1425  
[WWW.CRAIGDSAVAGEPA.COM](http://WWW.CRAIGDSAVAGEPA.COM)

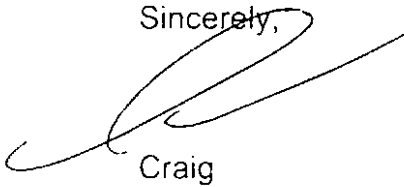
To Whom It May Concern,

Re: OPEN MINDED VENTURES, LLC (the "Company")

Enclosed please find our office check for \$55 for the filing fee and certified copy of the Amendment to the Articles of Organization of the Company.

Thank you very much for handling this filing.

Sincerely,

A handwritten signature in black ink, appearing to be "Craig", written over the word "Sincerely,".

Craig

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OPEN MINDED 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:

CRAIG D. SAVAGE

\_\_\_\_\_  
Name of Person

CRAIG D. SAVAGE, P.A.

\_\_\_\_\_  
Firm/Company

18851 NE 29TH AVENUE SUITE 303

\_\_\_\_\_  
Address

AVENTURA, FL 33180

\_\_\_\_\_  
City/State and Zip Code

josh@majestiemirror.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRAIG D. SAVAGE

954

985-1005

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the 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 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



**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**

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 AUGUST 24 2023

Signature of a member or authorized representative of a member

CRAIG D. SAVAGE

Typed or printed name of signee

**Filing Fee: \$25.00**