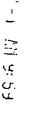
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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
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(B	lusiness Entity Name)	
(C	Ocument Number)	
Certified Copies	Cartificates of	/ Status
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Special Instructions to Fi	ling Officer:	
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Office Use Only



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COVER LETTER

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то:	Registration Sc Division of Cor					
(24.13.44)		URES GIFTS, LLC				
SUBJE	CT:	Name of Limited Liability Company				
The enc	losed Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please r	eturn all correspo	ndence concerning this matter	to the following:			
		JODI RONEN				
			Name of Perso	on		
		JG CONSULTING SERVE	CIES, LLC			
			Firm/Compar	ny		
		5481 WILES RD STE 502				
			Address			
		COCONUT CREEK FL 33	3073			
			City/State and Zip	Code		
		JODI@ACCU-TAX.TAX	to be used for future:	annual report notif	ication)	
For furt	her information c	oncerning this matter, please of				
JODER			954	449-9709		
	Name o	f Person	at (at Cod	le Daytime	: Telephone Number	
Enclose	d is a check for th	ne following amount:				
≡ S25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filin Certified Co (additional cor	рру	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Straight Division of CP.O. Box 632 Tallahassee.	Section Forporations 17	Ro Di Ti 24	reet Address: egistration Sectivision of Corp ne Centre of T 15 N. Monrocallahassee, FL	porations allahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2373 . 11 1 AM 9:59 SIX VENTURES GIFTS LLC (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 Company were filed on 04/20/2023 and assigned Florida document number 1.23000196903 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 "LLC." 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

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.

Cire

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>	Name	<u>Address</u>	Type of Action
MGR	EAN & DAVIDI INVESTMENTS.	7492 SAN CLEMENTE PL	□ Add
		BOCA RATON FL 33433	
			☐Change
MGR	MINERAL 24K, LLC	7492 SAN CLEMENTE PL	
		BOCA RATON, FL 33433	□Remove
			□ Change
			□Remove
			Change
			□Remove
			□Change
 			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change

amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
inte: If th	date, if other than the date of filing:
record sp i is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	\$\langle 10\langle \tag{23}
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00