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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | <u> </u> |
| Cenified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COYENDETTER

TO:

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|---|--------------------------------|-------------------------|--|
| Innovative | Ventures LLC | ' F | • |
| SUBJECT: | Name of Lin | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | emitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Grant Witt | | |
| | | Name of Person | |
| Division of Corporations Innovative Ventures LLC | | | |
| | 13000 barwick rd | | |
| | harman h a l (I 22425 | Address | |
| | boynton beach, 11, 33435 | City/State and Zip Code | |
| | | | (Canting) |
| For further information of | | | meanony |
| Grant Witt | | | |
| Name o | of Person | | ne Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| ■ \$25.00 Filing Fee | | Certified Copy | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addre | <u>55:</u> | Street Address: | |
| | | _ | |
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| -, | | Tallahassee, FL | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | 2023 SEP -5 FM 4: UL |
|--|---|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited) | inv as it now appears on our records.) |
| | ALLAHA OF THE |
| he Articles of Organization for this Limited Liability Company | were filed on 5/12/2023 and assigned |
| lorida document number L23000235920 | |
| his amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| he new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | 601 n congress ave ste 425 |
| Principal office address MUST BE A STREET ADDRESS) | Delray Beach FL, 33445 |
| | |
| | |
| Inter new mailing address, if applicable: | · |
| Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| 3. If amending the registered agent and/or registered office a | address on our records, enter the name of the new regist |
| gent and/or the new registered office address here: | |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | Florida |
| | City Zip Code |

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.

It 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 |
|--------------|--------------|---|----------------|
| mgr | scott elgort | 7736 lakeside blvd g204, Boca Raton FL, 33434 | = Add |
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| effective date is listed te: If the date inser | | and cannot be prior to date of meet the applicable s | | (optional) I days after filing.) Pursuant to ments, this date will not be | |
| cord specifies a dela s filed. | ayed effective date, but r | not an effective time, a | t 12:01 a.m. on the ea | lier of: (b) The 90th day | after the |
| ed July 26 | | 2023 | 144 | | |

Typed or printed name of signee