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08/20/24

COVER LETTER

TO:

Registration Section Division of Corporations 792 SW GROVE AVE VENTURES LLC SUBJECT: 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: Alexzander Gonano Name of Person Gonano Law PLLC Firm/Company 5550 US Highway 1, Suite 3 Address Ft. Pierce FL 34982 City/State and Zip Code horizon-palms@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Alexzander Gonano Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

792 SW GROVE AVE VENTURES 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 5/30/2023 _____ and assigned Florida document number L23000262310 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 "L.L.C." 8015 Plantation Lakes Drive Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Port St. Lucie, FL 34986 Enter new mailing address, if applicable: 8015 Plantation Lakes Drive Port St. Lucie, FL 34986 (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: Vincent Marcellino III Name of New Registered Agent: 8015 Plantation Lakes Drive 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.

Port St. Lucie

If Changing Registered Agent, Signature of New Registered Agent

____. Florida 34986 Zip Code

. 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
MGR	Jeremiah Baron	49 SW Flagler Avenue #301	
		Stuart, FL 34994	-
			□Change
MGR	Vincent Marcellino III	8015 Plantation Lakes Drive	■ Add
		Port St. Lucie, FL 34986	□Remove
			□Change
			□Add
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fective date, if other than than the effective date is listed, the date mote: If the date inserted in this becament's effective date on the I	ust be specific and cannot be prior block does not meet the applic	to date of filing or more than 90 dable statutory filing requireme	_ (optional) ays after filing.) Pursuant t ents, this date will not b	o 605.0 e listed
ecord specifies a delayed effecti is filed.	ve date, but not an effective ti	me, at 12:01 a.m. on the earlie	er of: (b) The 90th day	after t
ted August 13	2024	<u> </u>		
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<u>v v v v v</u>	<u></u>	rized representative of a member		