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COVER LETTER

TO: Registration Section Division of Corporations

Capita ures ilc SUBJECT:

The enclosed Articles of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cathenne Schlabach JEC Capital Ventures (10 2181 W Norvell Bryant Huy Lecarito, FL 34/4/6/ JCCapital ventures & outlock cort

For further information concerning this matter, please call:

Julia Schilabach at (352) 300 8647 Name of Person Area Code Davime Telephone Number

Enclosed is a check for the 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF	AMENDMENT O
	DRGANIZATION
O)F
	Ventures, LLC. Inability Company)
The Articles of Organization for this Limited Liability Company	were filed on <u>June 21 Juland</u> assigned
Florida document number <u> </u>	o i i j
This amendment is submitted to amend the following:	
_	
A. If amending name, <u>enter the new name of the limited liab</u>	inty company here:
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" or the abbreviation "L.L.C."
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 a agent and/or the new registered office address here:	iddress on our records, <u>enter the name of the new registered</u>
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.

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	Address	Type of Action
MGR	Julia M Schht	uch	Add
			🗆 Remove
		3788 N. Pire Valley Loop iccanto, FL 344/61	2 BChange
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: <u>AuguS+4</u>, <u>JOJ3</u> (optional)
(If an effective date is listed, the date must be specific and cannot be pript to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
<u>Note:</u> 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _	8/4/2023
	ATTE This Wanafing Member
	I Signature of a member or authorized representative of a member
	Catherine R Schlabach, Managing member

Filing Fee: \$25.00