L23000347811

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COVER LETTER

TO: Registration Sec Division of Corp		'9	• 1.
SUBJECT: PVN7	A GOLDA VEN	10/NG LLL	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Puroy, Dov	Name of Person	
		Firm/Company	LLC
	17569 Silv		
	PungA Go.	RA FL 339 City/State and Zip Code	82
	PUNTA GOLD E-mail address: (PAVENOING @ GMA to be used for future annual report not	IL I COM
For further information co	oncerning this matter, please ca	all:	
Dova	Purdy	at (<u>941</u>) <u>9/6</u> – Area Code Daytim	3573
/ Name of	Person *	Area Code Daytim	te Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OING, LLC
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)
	12/122
The Articles of Organization for this Limited Liability Comp	any were filed on and assigned
Florida document number <u>L73000397811</u>	
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 I.	iability 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	
	22
	,
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
	<u>့</u> အ
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Cuy 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 Changing Registered Agent, Signature of New Registered Agent

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	Douglas F. Purdy	17569 Silverspur DR PUNTA GORDA, FL 33482	√ZAdd
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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Tective date, if other than the date of filing:	(antique)
an effective date is listed, the date must be specific and cannot be prior to date	optional) e of filing or more than 90 days after filing.) Pursuant to 605.020
ote: If the date inserted in this block does not meet the applicable socument's effective date on the Department of State's records.	tatutory filing requirements, this date will not be listed a
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ecord specifies a delayed effective date, but not an effective time, at	t 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	• • • • • • • • • • • • • • • • • • • •
71 315+	
ated $July$ 31^2 , 2023	
ated July 3137, 2023. Signature of a member or authorized	representative of a member

Filing Fee: \$25.00