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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: In Plain Sight Catch LLC Name of Limited Liability Company
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:
Eugenia Suraeva
Name of Person
In Plain Sight Catch LLC
Firm/Company
1200 West are aft 208
Address
City/State and Zip Code Suraeva 90 @ gmail. com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report motification)
For further information concerning this matter, please call:
Evgeniig Sceraeva at 443, 856 9759 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee \$\sum \text{S30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$\$ 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

In Plain Sight Catch LLC			
(Name of the Lin	ited Liability Comp (A Florida Limited	any as it now appears on our rec Liability Company (ords.)
The Articles of Organization for this Limited I Florida document number <u>L23000349048</u>	and assigned		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
Ascent Ventures LLC			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "L	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		No change	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		No change	5: 3:
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office ess here:	address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:	No change		
New Registered Office Address:	No change		
		Enter Florida street add	ress
			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 = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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Effective date, if other than the If an effective date is listed, the date in Note: If the date inserted in this I document's effective date on the	ust be specific an block does not	d cannot be prior to meet the applicat	date of filing or mole statutory filing	(opti ore than 90 days after g requirements, thi	onal) filing.) Pursuant to 60 s date will not be lis	5.0207 (ted as t
e record specifies a delayed effect rd is filed.	ve date, but no	t an effective tim	e, at 12:01 a.m. c	on the earlier of: (b) The 90th day atte	er the
Dated May 25th		2024				
	A	rief				
	Signature	meniber or authori	zed representative	of a member		
	,					

Filing Fee: \$25.00