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-	(Requestor's Name)	
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	(City/State/Zip/Phone #)	
PICK-UI	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instruction	s to Filing Officer	
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## **COVER LETTER**

TO: Registra Division	ation Section of Corporations			
SUBJECT:		H Liability Company	=ntures	LLC
The enclosed Arti	icles of Amendment and fee(s) are submit	tted for filing.		
Please return all c	correspondence concerning this matter to	the following:		
	hicardo	Phillips Name of Person	3	
		Firm/Company		-
	114 Eglin	Address	SE	- 782
	Fort walt	ton beach City/State and Zip Code	Florida	32 SU
		venture annual report n		PH 1:15
For further inform	nation concerning this matter, please call:	:		
hicard	Name of Person	at (850) 610 Area Code Days	4 &372 time Telephone Number	
Enclosed is a che	eck for the following amount:			
☐ \$25.00 Filing	g Fee S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aldraw Globa	1 1 2 2 1 1 3 1 3 1	.LC
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	uny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on <u>02 - 15 - Z</u>	4 and assigned
Florida document number <u>L 23 000 37   33 S</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ilia. Common "the decimation of I C" and	La abbandada at 1 C V
-	inty Company, the designation LLC of the	ne appreviation (L.L.C.)
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		Gradu Harris
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		-4
		-14 - 75
B. If amending the registered agent and/or registered office	address on our records, enter the r	name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	<del></del>	
	Enter Florida street address	
	, Florida	l
	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 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

Title	<u>Name</u>	Address	Type of Action
			□Adđ
			□ Remove
			□Change
MGR	Dave Miller	912 Denton Blud NW	ØAdd
		APT 1909, Fort Worlton	BCaclo Remove
		FL 32547	□ Change
			□ Add; □ Remove □ Change
			□Add ⊃ □Remove
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ective date, if other than the date of fit offective date is listed, the date must be specific te: If the date inserted in this block does nument's effective date on the Department	and cannot be prior ot meet the applic	to date of filing or mable statutory filin	<b>(option</b> ore than 90 days after figure requirements, this c	n <b>al)</b> ling.) Pursuant to	ال  605.0
cord specifies a delayed effective date, but s filed.				ŕ	after t
red February 15	2024	<u> </u>			
signature	2024	<del></del> '	of a member		_