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DATE: 12/04/2023

NAME: PHAMILY VENTURES, LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

TO: Registration Sec Division of Corp			
Phamily Ver SUBJEČT:	ntures, LLC		
SOBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
	idence concerning this matter	<u>-</u>	
	John Dake		
		Name of Person	
	Phamily Ventures, LLC		
		Firm/Company	
	55 RAILROAD ST. 215		
		Address	
	ROCHESTER, NY 14609		
		City/State and Zip Code	
	john@phamilyties.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information co	ncerning this matter, please c	all:	
Kyle A. Delgado, Esq.		516 300-3055 at ()	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 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 S	=	<u>Street Address:</u> Registration Sec	tion
Division of Co		Division of Corp	
P.O. Box 6327		The Centre of Ta	allahassee Street Suite 810

Tallahassee, FL 32303

DocuSign Envelope ID: 5A6F1E2C-8073-4166-B510-6296DA875C20

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Phamily 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 $\frac{08/08/2023}{1}$ _____ and assigned Florida document number 1.23000372825 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 "LI.C" or the abbreviation "LI.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) ب 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: Name of New Registered Agent: 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.

City

_. Florida <u>__</u>_

DocuSign Envelope ID: 5A6F1E2C-8073-4166-B510-6296DA875C20 11 amending Authorized rerson(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	Scott Tellinghuisen	1811 Montgomery Bell Road	≡ Add
		Westey Chapel, FL 33543	□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
	-	□Remove	
			Change
		-	□Add
		Remove	
			Change
			
		Remove	
			□Change
			[]Add
			Remove
			□Change

				
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Note: If the c	e, if other than the date ate is listed, the date must be sp ate inserted in this block d fective date on the Departi	loes not meet the applicable	(oute of filing or more than 90 days a statutory filing requirements,	optional) after filing.) Pursuant to 605.0207 (3 , this date will not be listed as the
the record speci- cord is filed.	ies a delayed effective date	e, but not an effective time,	at 12:01 a.m. on the earlier of	f: (b) The 90th day after the
Decem Dated	ber 3	2023		
/	MUNIDALE	ture of a member or authorized		

Typed or printed name of signee