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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Division of Cor	porations		•	
SUBJECT: AL	1 2224 LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of a	Amendment and fec(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Ash	ey Ventre Name of Person		
		-V ZZZY LLC		
	_	Firm/Company		
	2410	Inter DR Address		
	Ft. Lai	Liderdale, FL 32 City/State and Zip Code Contree of Smail to be used for future annual report not	3316	
		City/State and Zip Code		
	Ajv.	entre ogmail	1, com	
	E-mail address: (1	to be used for future annual report not	ification)	
For further information co	encerning this matter, please ca	all:	1-3681 1711	e py ca
Ashiey	Ventre	_{at} (954) 234	1-3681	en per se en per se en resultan
Name of	Person	Area Code Daytin	1-3081 AND SEE H	
Enclosed is a check for th	e following amount:	,	ក្នុ ហ្	
□ \$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 Division of Co P.O. Box 6323 Tallahassee, F	ection orporations		rporations	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia		<u>ds.</u>)		
The Articles of Organization for this Limited Liability Company w Florida document number <u>L230003830</u> .23			l assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LL.	C" or the abbreviatio	n "L.L.G	
Enter new principal offices address, if applicable:			رم_	
(Principal office address MUST BE A STREET ADDRESS)			023	2
			SEP	9 8
		新	-	ELECT
Enter new mailing address, if applicable:		13.20 13.20	=	1
(Mailing address MAY BE A POST OFFICE BOX)		T (2)	Ċò	12
		AAA	\ <u>\</u>	
B. If amending the registered agent and/or registered office ad	dress on our records, <u>ente</u> r	r the name of the	new i	registere
agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street uddre		_	
	_			
	, t	lorida Zio C	ode .	

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>	<u>Name</u>	Address	Type of Action
4 <u>MB</u> R	Ashley Ventre	Address 2410 Inict DR. Ft. Lauderdale, FL	933 () Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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onal) r filing.) Pursuar s date will not	nt to 605.0207 (t be listed as t
) The 90th d	day after the