L23000397085

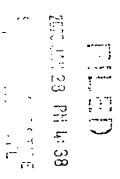
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





200443246122

91/28/25--01003--025 **25.00



Name Change

APR 02 2025

COVER LETTER

TO: Registration Section Division of Corporations	· · · · · · · · · · · · · · · · · · ·	
SUBJECT: Venue One LLC Name of Limited Lia	ability Company	
The enclosed Articles of Amendment and fee(s) are submitted	for filing.	
Please return all correspondence concerning this matter to the	following:	
Tarsha Br	OOKS Name of Person	
venue on	e LLC Firm/Company	
259 AVENL	Address	
Moore Haven,	FL . 33471 /State and Zip Code	
Venuenumb: E-mail address: (to be us	er1@ amail · com sed for future annual report notification)	ი <u></u> -}
For further information concerning this matter, please call:	-	() ()
Tarsha Brooks	at (803) 553-1200	rs
Name of Person	Area Code Daytime Telephone Number	=======================================
Enclosed is a check for the following amount:	t	
Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Certificate of Certified Cop (additional copy)	Status &

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

Name of the Limited Liability Company	y as it now appears an our recor	ds)
(Name of the Limited Liability Comban (A Florida Limited Li	ability Company)	,
The Articles of Organization for this Limited Liability Company w	vere filed on <u>08-23-</u>	2023 and assigned
Florida document number <u>L23000397085</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Sticz LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
	N L / A	
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		70 214
B. If amending the registered agent and/or registered office ad	ldress on our records, <u>enter</u>	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 addre	ec
	, F	lorida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree	e to act in this capacity. I fi	urther 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
			□Add
			Remove
			□Change
			\ _Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
	NIA		□Change

•	
f an ef Note:	tive date, if other than the date of filing:
e reco rd is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	January 14th . 2025.
	TO
	<i>l</i> .∤S
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00