L23000414760

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Y. SCOTT OCT 14 2023

COVER LETTER

TO: Registration Se Division of Cor			• •	
SUBJECT:	suffalo Venture	a LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Shraca M	Name of Person		
		Name of Person		
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		Firm/Company		VISI 123 (
	1700 N Dixie	HWY STE 119		OIVISION OF C
	Boca Raten	FL 33432 City/State and Zip Code dings. Com to be used for future annual report not		CORPORATION 2 PM 3: 17
		City/State and Zip Code		17 ion
	info@roshol	dings.com		• • • • • • • • • • • • • • • • • • • •
For further information c	enail address: (•	fication)	
Shraga B	raun		- 8540	
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional cop	f Status & py
Mailing Addus		Counts Addusses		
Mailing Addres Registration S		Street Address: Registration Se	ection	
Division of C	Corporations	Division of Cor	porations	
P.O. Box 632		The Centre of 1		
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

Baffalo Ventures	LC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L23000414760</u> .	00/05/1003	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Five Coin Ventures LLC The new name must be distinguishable and contain the words "Limited Liabili	in Company "the designation "LLC" or the abbreviation "LLC"	
The new name must be distinguishable and contain the words. Elimited Liability		
Enter new principal offices address, if applicable:	Boza Raton FL 33432	
(Principal office address MUST BE A STREET ADDRESS)	1302a Raton, FL 33432	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRE FILL SECRE FILL SECRE FAR OF C	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new recrister	red
Name of New Registered Agent:	· '0	
New Registered Office Address:	Enter Florida street address	
	, 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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effective date is l e: If the date ir	other than the date or isted, the date must be spec- iserted in this block does we date on the Departme	ific and cannot be prio s not meet the appli	cable statutory filing re		ing.) Pursuant to 605.0
cord specifies a	delayed effective date, b	out not an effective t	ime, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after t
	27/2023)			
	///				
			norized representative of a	member	
	Signatu	re of a member of autr	ionzeu representative or i	Hiemoei	