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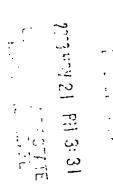
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## **COVER LETTER**

	Ventures LLC			
To: Registration Section Division of Corporations  Strike One Ventures LLC  SUBJECT: Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Dustin Doiron				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Dustin Doiron			
		Name of Person		
		Firm/Company		
	920 State Road 415			
		Address		
	New Smyrna Beach, FL 32	2168		
	dustin@strikeone.ventures	City/State and Zip Code		
	E-mail address: (	to be used for future annual report notific	ation)	
For further information of	concerning this matter, please ca	all:		
Dustin Doiron				
Name o	f Person	Area Code Daytime	•	13. E.
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee		Certified Copy	Certificat Certified	e of 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

any as it now appears on our records.) Liability Company)  y were filed on 09/20/2023	and o	
were filed on 09/20/2023	and a	
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ility Company," the designation "LJ.C" o	r the abbreviation "	L.L.C."
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address on our records, enter th	e name of the n	ew regist
address on our records, enter-	: 2	, . •
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	bility company here:  ility Company." the designation "LLC" of the designation and the designation are designation and the designation and the designation are designa	address on our records, enter the name of

## 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
MGR	Drew Richards	1 Redwood Ln. East Stroudsburg, PA 18301	<b>≅</b> Add
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ective date, if other than the date effective date is listed, the date must be te: If the date inserted in this block ument's effective date on the Depa	specific and cannot be pridoes not meet the appl	icable statutory filin	(option ore than 90 days after fi g requirements, this o	iling.) Pursuant to 60	05.020 sted as
cord specifies a delayed effective dassified.	ate, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day aft	ter the
November 7	2023				
	1/2				
	W/				
Sig	nature of a member or aut	horized representative	of a member		