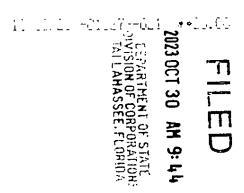
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A. PARISHANI NOV 0 5 2023

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corpor	**************************************		
SUBJECT:		Ventures L(_(
			20
The enclosed Articles of Arm	endment and fee(s) are subm	nitted for filing.	DEPARTMENT OF STATE DEPARTMENT OF STATE NYISION OF CORPORATION OF CORPORATION FALLAHASSEE, FLORID.
Please return all corresponde	nce concerning this matter to	o the following:	30 F CO SSE
			P P P P P P P P P P P P P P P P P P P
	5 4 ANY	Nume of Person	STATE RATION ORIPLE
		Firm/Company	
	11304 Gaf	July Prack Time	. <u>Li</u>
	Lanke w	City/State and Zip Code	-6 34211
-	S-4-12-cc (; c.; c) E-mail address: (to	be used for future annual report no	tification)
For further information conc	erning this matter, please cal	II:	
S-1-City Mame of Pe	rson S	at (<u>トラ人</u>) <u> </u>	me Telephone Number
Enclosed is a check for the fo	ollowing amount:		
	□ \$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 Sec Division of Corp P.O. Box 6327		Street Address: Registration S Division of Co The Centre of	orporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Or ·	※ 黄芩 → ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・
	1	30
(Name of the Limited Ligh	JENTICES LL Collisty Company as it now appears on our recordida Limited Liability Company)	
(A Flor	ida Limited Liability Company)	
	15 (5	35% F
The Articles of Organization for this Limited Liability	Company were filed on 10.6.	2023素 and assigned
Florida document number <u>(330004627</u>	<u>1 C</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li		
The new name must be distinguishable and contain the words "1.	-C-C-	
The new name must be distinguishable and contain the words "I.	amited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
	_	
Enter new mailing address, if applicable:		
•		
(Mailing address MAY BE A POST OFFICE BOX)		
	1 ce 11dede	the many magistaray
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our records, <u>ente</u> e.	r the name of the new registered
agent and/or the new registered office address nerv	£'	
av. B. G. IA		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	
	j;nier Florida street addr	vsv
		Florida
	Cin	∠ip 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 = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
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an effectiv	date, if oth re date is liste	xi, the date n	iust be speci	fic and ca	nnot be pri	or to date of	filing or me	ore than 90 c	lays after	tiling.) Pi	ırsuant te	605.0207
	he date inse s effective (utory filing	g requireme	ents, this	date wil	ll not bo	e listed as t
	ecifies a de	layed effec	tive date, b	ut not an	effective	time, at 1	2:01 a.m. o	on the carli	er of: (b)	The 9	0th day	after the
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