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COVER LETTER

TO: F	Registration Se Division of Cor	ection porations		
AFIR INC.		NTURES LLC		
SUBJEC'	l:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	ırn all correspo	ondence concerning this matter	to the following:	
		GABRIEL PRAT		
			Name of Person	~1
		PRAT VENTURES LLC		SECKE PRESE
			Firm/Company	
		4580 APPALACHIAN ST		(1.5) A
			Address	
		BOCA RATON, FL 3342	8	8: N5
			City/State and Zip Code	···
		E-mail address: (to be used for future annual report no	tification)
For furthe	r information c	oncerning this matter, please c	all:	
ISSA FAV	WAZ		313 304-6344	
	Name o	f Person		me Telephone Number
Enclosed i	is a check for th	ne following amount:		
□ \$25.0¢	0 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)
	<u>lailing Addres</u> Registration S		Street Address: Registration S	ection
	Division of C		Division of Co	
	O. Box 632		The Centre of	
T	fallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRAT VENTURES LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records a Limited Liability Company)	<u>c)</u>
he Articles of Organization for this Limited Liability C	Company were filed on 10/23/2023	and assigned
lorida document number 1.23000483834	~	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	ited liability company here:	
ne new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC"	or the abbreviation, "L.L.C."
nter new principal offices address, if applicable:	<u> </u>	OZZHOV SECKET TALL
Principal office address MUST BE A STREET ADDE	RESS)	
		円월 6 /
nter new mailing address, if applicable:		$\mathcal{T}_{\mathcal{O}} \overset{\circ}{\omega} \overset{\circ}{\omega}$
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered gent and/or the new registered office address here:	d office address on our records, <u>enter t</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	`	rida
	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>	<u>Address</u>	Type of Action
AMBR	GABRIEL PRAT	4580 APPALACHIAN ST	□Add
		BOCA RATON, FL 33428	□Remove
			≡ Change
			🗆 Add
			□Remove
			Change
			SECULIA CONTRACTOR OF THE CONT
			Thus SS Add This SS
			□Change
		·	□Add
			□Remove
			DAdd
			□Remove
			□Change

	
	2022 S.E.
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prio Note: If the date inserted in this block does not meet the appliedocument's effective date on the Department of State's records	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.0207 icable statutory filing requirements, this date will not be listed as s.
e record specifies a delayed effective date, but not an effective t d is filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 2023	·
Dated NOVEMBER 9 2023 /s/ GABRIEL PRAT	 .
/s/ GABRIEL PRAT	horized representative of a member

Filing Fee: \$25.00