L23000484130

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COVER LETTER

TO: Registration S Division of Co			,
	OD VENTURES LLC	,	,
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MICHAEL CAVINESS		
		Name of Person	
		Firm/Company	
	395 DOYLE RD		
		Address	-9
	OSTEEN, FL 32764		
	FLALUMINUM@GMAIL	City/State and Zip Code COM	
		to be used for future annual report notification)
For further information	concerning this matter, please c	all:	<u>:</u>
MICHAEL CAVINESS	S	336 508-2379 at ()	,·
Name	of Person	Area Code Daytime Telepi	hone Number
Enclosed is a check for	the 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addro Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporati The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.)	
(A Florida Limited L	nability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000484130</u>	were filed on 10/23/23	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		- 77
The pur office data is 1001 bis 1101 KBE1 1105 KBBI		• •
		1
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		,
		•• •
		*
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flan	ida
	City , F1011	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

EURI COOD VENTURES LLC

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 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

Title	<u>Name</u>	Address	Type of Action
MGR	MICHAEL CAVINESS	389 DETROIT TER	■Add
		DEBARY, FL 32713	□Remove
			Change
			□Add
			Remove
			• 7
			⊡ Ådd ; ⊟Remove
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			□ Remove
			Change

feetive date, if other than the date of filing: (optional) In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Stee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records. second 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 is filed. Signature of a member or authorized representative of a member.	amendii	ng any other info	rmation, enter c	hange(s) here:	: (Attach addit	ional sheets, if n	iecessary.)	
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