

# L230000506723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

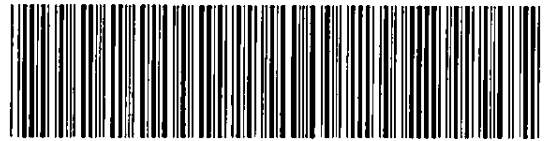
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 JUN -7 PM 12:35

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 JUN -7 PM 3:15

RECEIVED

- FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$25.00

AUTHORIZATION SIGNATURE: \_\_\_\_\_

AJX Ventures LLC L23000506723

BUSINESS ( Name)

Document #

\_\_\_ Walk in

\_\_\_ Pick up time \_\_\_\_\_

\_\_\_ Mail out

\_\_\_ Will wait

\_\_\_ Photocopy

\_\_\_ **Certified Copy**

\_\_\_ **Certificate of Status**

#### **NEW FILINGS**

\_\_\_ Profit

\_\_\_ Not for Profit

\_\_\_ Limited Liability

\_\_\_ Domestication

\_\_\_ CORP

\_\_\_ LLLP

\_\_\_ INC

#### **AMMENDMENTS**

\_\_\_X Amendment

\_\_\_ Resignation of Officer/Director

\_\_\_ Change of Registered Agent

\_\_\_ Dissolution/Withdrawal

\_\_\_ Merger

\_\_\_ Conversion

#### **OTHER FILINGS**

\_\_\_ Annual Report

\_\_\_ Fictitious Name

\_\_\_ APOSTIL ( ) \_\_\_\_\_  
Country

#### **REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign Filing

\_\_\_ Limited Partnership

\_\_\_ Dissolution/\_ Reinstatement/Revocation

\_\_\_ Trademark

\_\_\_ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AJX Ventures LLC

\_\_\_\_\_  
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:

Shonagh Clark

\_\_\_\_\_  
Name of Person

Zabel Law LLC

\_\_\_\_\_  
Firm/Company

55 W Monroe St Ste 3330

\_\_\_\_\_  
Address

Chicago, IL 60603

\_\_\_\_\_  
City/State and Zip Code

sclark@zabellaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shonagh Clark

\_\_\_\_\_  
Name of Person

at ( 312 )

\_\_\_\_\_  
Area Code

201-9800

\_\_\_\_\_  
Daytime Telephone 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)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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**

**FILED**

2024 JUN -7 PM 12: 35

AJX Ventures LLC

(Name of the Limited Liability Company as it now appears on our records:  
(A Florida Limited Liability Company)

OFFICE OF THE CLERK OF THE  
JUDICIAL CIRCUIT IN AND FOR  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/7/24 and assigned  
Florida document number L23000506723.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

AYT Ventures, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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 Changing Registered Agent, Signature of New Registered Agent**

[illegible]

2024 JUN - 7 PM 12:35  
TALLAHASSEE, FLORIDA

FILED  
2024 JUN - 7 PM 12:35  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 7, 2024

Alex Turik

Alex Turik  
Typed or printed name of signee

**Filing Fee: \$25.00**