From: DAVITA SYFERT Fax: 13058956273 To: '18506176383@RCFAX.COM'Fax: (850) 617-6383 Page: 2 of 5 07/15/2024 12:26 PM Division of Corporations Floring a Department of State Division of Corporations
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.
(((H24000239448 3)))
H240002394483ABC3
Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.
To: Division of Corporations Fax Number : (850)617-6383
From: Account Name : KIM MARKS CPA Account Number : I20120000072 Phone : (305)895-5815 Fax Number : (305)895-6273
<pre>**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**</pre>
Email Address:
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VVENS LLC Certificate of Status Certified Copy Page Count Estimated Charge \$25.00
Electronic Filing Menu Corporate Filing Menu Help
K. SALY

JUL 1 6 2024

https://efile.sunbiz.org/scripts/efilcovr.exe

Florida document number L23000532994 Florida document number L23000532994 This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liability company here</u> : The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.LC." Enter new principal office address, if applicable: ( <i>Principal office address MUST BE A STREET ADDRESS</i> ) Enter new mailing address, if applicable: ( <i>Mailing address MAY BE A POST OFFICE BOX</i> ) B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered office address here</u> : Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address	AVITA SYFERT . Fax: 13058956273	TD: '18506176383@RCFAX.COM'FRY: (850) 617-6383 ARTICLES OF AMENDMENT TO	H240002711512024 12:26 PM
The Articles of Organization for this Limited Liability Company were filed on			N ALL UL
The Articles of Organization for this Limited Liability Company were filed on	YVENS LLC	be Limited Linkility Company as it now appears on	our records.)
The Articles of Organization for this Limited Liability Company were filed on	( <u>rung or r</u>	(A Florida Limited Liability Company)	
A. If amending name, enter the new name of the limited liability company here:         The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."         Enter new principal offices address, if applicable:         (Principal office address MUST BE A STREET ADDRESS)         Enter new mailing address, if applicable:         (Mailing address, if applicable:         (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 regagent and/or the new registered office address here:         Name of New Registered Agent:         New Registered Office Address:         Enter Floridu street address			and assigned
The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."         Enter new principal offices address, if applicable:         (Principal office address, MUST BE A STREET ADDRESS)         Enter new mailing address, if applicable:         (Mailing address, if applicable:         (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, <u>enter the name of the new regagent and/or the new registered office address here:</u> Name of New Registered Agent:         New Registered Office Address:         Enter Florida street address	his amendment is submitted to amend	the following:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal office address MUST BE A STREET ADDRESS Enter new mailing address, if applicable: (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, <u>enter the name of the new regagent and/or the new registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Florida</u>	. If amending name, enter the new 1	name of the limited liability company here:	
Enter new principal office 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 regagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida			
(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 regard and/or the new registered office address here:         Name of New Registered Agent:         New Registered Office Address:         Enter Florida street address	he new name must be distinguishable and con	tain the words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
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 regagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Floridu street address	nter new principal offices address, i	f applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	Principal office address MUST BE A	<u>STREET ADDRESS}</u>	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new regarded agent and/or the new registered office address here</u> :  Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida street address Florida			
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new regagent and/or the new registered office address here</u> : Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida street address Florida	nter new mailing address, if applica	able:	
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new regagent and/or the new registered office address here</u> :          Name of New Registered Agent:         New Registered Office Address:         Enter Florida street address	-		
agent and/or the new registered office address here:          Name of New Registered Agent:         New Registered Office Address:         Enter Florida street address			
agent and/or the new registered office address here:          Name of New Registered Agent:         New Registered Office Address:         Enter Florida street address	. If amonding the registered agents	and/or registered office address on our recor	rds, enter the name of the new register
New Registered Office Address: Enter Florida street address , Florida	gent and/or the new registered office	e address here:	·····
New Registered Office Address: Enter Florida street address , Florida			
Enter Florida street address	Name of New Registered Age	<u></u>	······································
	New Registered Office Addre	Enter Florida s	street address
			Florida
		Ciņ	Zip Code

F

I hereby accept the appointment as registered agent and agree to dot in this capacity. I further agree to comply while 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.

From: DAVITA SYFERT . Fax: 13058956273

To. 18506176383@RCFAX.COM'Fax: (850) 617-6383

Page: 4 of 5 07/15/2024 12:26 PM

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: H 24000 = 39448 3

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	JACQUES JOYNAE ELLISON	9801 COLLINS AVE APT 14P	
		BAY HARBOR ISLANDS FL 33154	
			🗍 Change
			🗆 Add
			Remove
			CRemove
			Change
			🗆 Add
			Change
a			🗆 Add
			[]Remove
			Change
			CIAdd
			🖸 Remove

1

H240002394483

## D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

-		
-		
-		-
		1
-		m
-		
-		۰۰ مر ج
_	<u>c</u>	0
-		
-		
-		
•		
(If an et Note:	tive date, if other than the date of filing:	.0207 (3)(b) ed as the
	and specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the

Dated _	JULY 15 2024 Cerem Jan Jack Signatury of a member of authorized representative of a member	
	EVENS SAINT CLAIR Typed or printed name of signee	