## L24000/61920

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only) State 2 pr Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Day 100 A) (100 A)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300436445973

09/16/24--01013--016 \*\*25.00

10/16/24 KH



## **COVER LETTER**

TO:

TO: Registration S Division of Co			
ADDING	OFFCER		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Rachael David Chin		
		Name of Person	
	Right Stuff Ventures, LLC		
		Firm/Company	<del></del>
	12711 SW 149TH STREE	T	
		Address	
	Miami FL		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Roger Chin		786 586-9621	
Name	of Person		e Telephone Number
Enclosed is a check for t	he 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 Addre		Street Address:	
Registration		Registration Sec	
Division of C P.O. Box 63:		Division of Cor The Centre of T	•
Tallahassee			ananassee e Street Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIGHT STUFF VENTURES, LLC	C		
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited I	Liability Company	y were filed on	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	bility company here:	
The new name must be distinguishable and contain the	words "Limited Liab	ility Company." the designation	1 "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	<u> </u>	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office ess here:	address on our records,	enter the name of the new register
Name of New Registered Agent:	RACHAEL DA	AVID CHIN	
New Registered Office Address:	12711 SW 149	TH STREET	
-		Enter Florida street	address
	MIAMI	···	, Florida <u>33186</u>
		Cin:	Zin 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

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>	Address	Type of Action
MGR	RACHAEL DAVID CHIN	12711 SW 1491'H STREET MIAMI FL 33186	<b>=</b> Add
			□ Remove
			□Change
			🗀 Add
			Пенюче
			□Change
			□Add
			Remove
			□Change
			□ ∧dd
			□ Remove
			□Change
			🗆 Add
			□Remove
		- <del>1</del>	🗆 Change
			□Add
			□Remove
			Change

_	
_	
_	
_	
_	
_	
_	
ectiv	e date, if other than the date of filing: (optional)
	tive 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 605,020
n effec	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
n effec <u>ete:</u> If	it's effective date on the Department of State's records.
n effec te: If	it's effective date on the Department of State's records.
n effec ete: If eumen	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
n effec ote: If eumen	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
n effec ote: If cumen ecord : is filed	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 l.
n effec ote: If cumen ecord : is filed	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 l.
n effec ote: If cumen ecord : is filed	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 1.
n effec ote: If cumen ecord: is filed	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 l.

Filing Fee: \$25.00