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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Febit, Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## **COVER LETTER**

TO:

	gistration Se vision of Cor			
eud leet.		entures America, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Geury Del Pilar		
			Name of Person	
		Business Ventures Americ	ra. LLC	?
			Firm/Company	
		255 S Orange Ave, Suite I	04 # 2245	50 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
			Address	
		Orlando, FL 32801		
			City/State and Zip Code	5.68
		admin@siderabusinessgrou	•	<del> </del>
		E-mail address: (	to be used for future annual report noti	ification)
For further	information c	oncerning this matter, please ca	all:	
Geury Del	Pilar		347 262-6533	
	Name o	f Person		ne Telephone Number
Enclosed is	a check for th	ne 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)
	ailing Addres		Street Address:	
Registration Section Division of Corporations			Registration Se Division of Cor	
P.O. Box 6327		The Centre of T	•	
Tallahassee FI 32314				e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ny as it now appears on our rec Liability Company)	
ility Company	were filed on	and assigned
·		
ring:		
he limited liab	ility company here:	
Is "Limited Liabil	lity Company." the designation "L	LC" or the abbreviation "L.L.C."
ole:	255 S Orange Ave	
ADDRESS)	Suite 104 # 2245	
	Orlando, FL 32801	
	<del></del>	
nter new mailing address, if applicable:		<u> </u>
2X)	Suite 104 # 2245	
	Orlando, FL 32801	55 55 55 55 55 55 55 55 55 55 55 55 55
<u>h</u>	ne limited liab	le: ADDRESS)  255 S Orange Ave Suite 104 # 2245 Orlando, FL 32801  255 S Orange Ave Suite 104 # 2245

## 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
MGR	Geury Del Pilar	255 S Orange Ave	
		Suite 104 # 2245	□ Remove
		Orlando, FL 32801	<b>≣</b> Change
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ctive date, if other than the date of filing:	1	(optional)	
effective date is listed, the date must be specific and cannot be prior to If the date inserted in this block does not meet the applicability of the control of the contro			
ament's effective date on the Department of State's records.			
ord specifies a delayed effective date, but not an effective tim	ne, at 12:01 a.m. on	the earlier of: (b) The 90	Oth day after ti
filed.			
d July 29 2024			
	)		
	,		