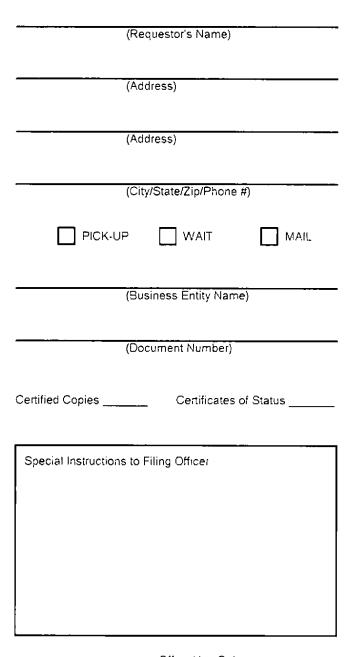
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COVER LETTER

TO:

Registration Section

Division of Cor	porations				
SUBJECT: NM	=11 Venture	5 110			
SUBJECT: TALL	Name of Lim	ited Liability Company	<u> </u>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Modia Fray	170ne			
	MANIA LENI	Name of Person			
Firm/Company					
	210 Empklin	I club Drive: U	nit 2207		
	OM HALLAN	Address	111 1301		
		1			
	Delmay Bec	ach, FL 3348?	}		
		City/State and Zip Code			
	modiam-frant	osne@amail.	com		
	E-mail address: (to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please c	all:			
		at ()			
Name o	d Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,		
325.00 r milg ree	Certificate of Status	Certified Copy	Certificate of Status &		
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)		
			(,		
Mailing Addres	···	Street Address:			
Mailing Address: Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 632		The Centre of T			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Company as it now appears on our records.)
Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on June 28, 2024 and assigned Florida document number <u>L2400297954</u> This amendment is submitted to amend the following: 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) 5.0 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida __

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Nadia Franzone	319 Frankin Club Drive	≭ ∧dd
		Unit 7307	□Remove
		Delray Beach, FL 33483	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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f an effective Note: If the	date is listed, the date inserted i	han the date of fi date must be specific in this block does n on the Department	and cannot be prion of meet the appli-	cable statutory fili	more than 90 days	p ptional) after filing.) Pursuan , this date will not	t to 605.0207 be listed as
e record spend is filed.	ecifies a delayed	l effective date, but	not an effective t	time, at 12:01 a.m	. on the earlier o	f: (b) The 90th d	ay after the
Dated	lugust	14	202	<u>4</u> .			
-	CNao	lil Jud	of a 10 ember or auti	norized representativ	re of a member	<u> </u>	
		-	•				