L24000318886

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

Office Use Only



300437791873

2024 OCT 15 RM 9: 36
SECRETARY OF STATE
TALLARICATE CONTROL TO SUB-

COVER LETTER

	istration Sec ision of Corp			
CUBINCE.		IROPIC VENTURES LLC		
SUBJECT	-	Name of Lim	ited Liability Company	
The enclosed	l Articles of a	Name of Limited Liability Company mendment and fee(s) are submitted for filing. ence concerning this matter to the following: SAMUEL JOCELYN Name of Person PHILANTHROPIC VENTURES LLC Firm/Company 14413 LAKE JESSUP DRIVE Address JACKSONVILLE, FL 32258 City/State and Zip Code E-mail address: (to be used for future annual report notification) cerning this matter, please call: at (
Please return	all correspon	ndence concerning this matter	to the following:	
		SAMUEL JOCELYN		<u>. </u>
			Name of Person	
		PHILANTHROPIC VENT	URES LLC	
			Firm/Company	
		14413 LAKE JESSUP DR	IVE	
			Address	
		JACKSONVILLE, FL 322	58	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For further in	nformation co	oncerning this matter, please c	all:	
SAMUEL JO	OCELYN			
Name of Person			Area Code Daytin	Daytime Telephone Number S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				-
Rej Div P.C	iling Addres gistration S vision of C D. Box 632 Hahassee, I	Section orporations 7	Registration So Division of Co The Centre of	rporations Tallahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHILANTHROPIC VENTURES LLC					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	inv as it now appears on our r Liability Company)	ecords.)			
The Articles of Organization for this Limited Liability Company	were filed on 07/18/2024			_ and ass	igned
lorida document number L24000318886					
his amendment is submitted to amend the following:					
a. If amending name, enter the new name of the limited liab	oility company here:				
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" o	r the abbre	viation "L	L.C."
Inter new principal offices address, if applicable:	-				
Principal office address MUST BE A STREET ADDRESS		<u>;</u>	-1:0	22	
	<u></u>		- <u>> Y C </u>	<u> </u>	
inter new mailing address, if applicable:		* · · · · · · · · · · · · · · · · · · ·	A Figure]
Mailing address MAY BE A POST OFFICE BOX)		1.	14.5	<u>7</u>	 7
Maning duaress SIAT BE A TOST OF FICE DOM		12.	SECRETA GENERAL STATE OF STATE	= 0	j
		} .			
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>e</u>	nter th	e name c	f M e nev	<u>v registe</u>
Name of New Registered Agent:					
					_
New Registered Office Address:	Enter Florida street o	ddress			· · ·
1988.		_, Flori	da		
-	Cuy			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 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>	Name	<u>Address</u>	Type of Action
AMBR	PHOEBE MUSCADIN	2635 CARSON DRIVE, S.E PALM BAY FL 32909	≣ Ađd
			□Remove
			□ Change
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

								<u> </u>		•
										-
				_	-			· · · · · · · · · · · · · · · · · · ·	•	•
										-
							.			•
-										-
										-
										•
										•
			<u> </u>	<u> </u>			<u> </u>	4	_	-
			<u>.,</u>							•
			<u></u>							-
							<u> </u>			-
		,	,		-					•
			.		<u></u> _	<u></u>			.	-
ote: If t	the date ir	iserted in th	the date of must be spenis block doo he Departm	es not meet	the applicat	date of filing oble statutory f	or more than 90 Iling requiren	(optional days after filing ments, this dat) g.) Pursuant to 60 e will not be lis	5.0207 ted as
ecord spis filed.		delayed eff	ective date,	but not an c	effective tin	ie, at 12:01 a.	m. on the earl	ier of: (b) T	he 90th day afte	er the
ited	10-	11- ¹ 24		J _						
					/	nzed representa	tive of a memb	er		

Filing Fee: \$25.00