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lo:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VOLITION VENTURES LLC

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Help

K. SALY

AUG 23 2024

Tallahassee, FL 32314

From: Sarah Acevedo

TO:

COVER LETTER

	istration Se ision of Cor		
CIO IPAT.		N VENTURES LLC	
SUBJECT:		Name of Lim	ited Liability Company
The enclosed	l Anicles of	Amendment and fee(s) are sub	mitted for tiling.
Please return	all correspo	ondence concerning this matter	to the following:
		Mike Town	
			Name of Person
		Legalzoom.com, Inc.	
			Firm/Company
		9900 Spectrum Dr	
			Address
		Austin, TX 78717	
		smsmith7511@gmail.com	City/State and Zip Code
		E-mail address: (to be used for future annual report notification)
For further in	ntormation c	oncerning this matter, please ca	ग्री:
Mike Town			800 773-0888 at ()
	Name o	f Person	Area Code Daytime Telephone Number
Enclosed is a	check for th	ne following amount:	
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55,00 Filing Fee & □ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr	ING ADDRESS: ation Section on of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations
		ox 6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



VOLITION VENTURES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/19/2024}{1}$ Florida document number 1.24000320869 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." 17922 Glenapp Dr. Enter new principal offices address, if applicable: Land O Lakes, FL 34638 (Principal office address MUST BE A STREET ADDRESS) 17922 Glenapp Dr. Enter new mailing address, if applicable: Land O Lakes, FL 34638 (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 _, Florida ____

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

To.

<u>Title</u>	<u>Nume</u>	<u>Address</u>	Type of Action
AMBR	Shawn M. Smith		
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		17922 Glenapp Dr., Land O Lakes, FL 34638	□ Change
			Dåd
			□ Remove
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If the record 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 record is filed.

Signature of a member or authorized representative of a member

Shawn M. Smith

Typed or printed name of signee