L24000339004

, -
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
-
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
J. HORNE SEP y 2024
5. Y. W.
Office Use Only



600435586126

FILED 2024 SEP - 6 AH 9: 34

SEP -6 PM 3:39

UED.

()

CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 09/06/24 Order #: 1618442-1 Re: H3 Ventures LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$30.00 - FL State Account Number: I2000000195

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration: Division of Co			
H3 Ventu			
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Dan Goodspeed		
		Name of Person	
		Firm/Company	
	114 East Mulberry Street		
	Collicrville, TN 38017	Address	
	dan@empirehld.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please of	call:	
Dan Goodspeed		901 618-4090 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Sc	ection _

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 SEP -6 AM 9: 34

H3 Ventures LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		5 - 1
The Articles of Organization for this Limited Liability Company	were filed on August 7, 2024	and assigned
Florida document number L24000339004		
This amendment is submitted to amend the following:		
This amendment is submitted to amend the following.		
A. If amending name, enter the new name of the limited liabi	llity company here:	
H3 Family Ventures LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(Maning analysis MATT BILLY FOR TOX TIED DOLL)		
B. If amending the registered agent and/or registered office a	ddress on our records, enter the n	ame of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I a provided for in Chapter 605, F.S. (m familiar with and Or, if this document is
If Chan	ging 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
			bbA□
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			Change
			□Change
			□Add
			□Remove
			Change
			☐Add
			Remove
			□ Change

	Fisher 5
	
	
Effective date, if other than the date of filing:	Pursuant to 605.0207 vill not be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The d is filed.	90th day after the
Dated September 5 2024	
Muchael J. Evangolisti Signature of a member or authorized representative of a member	-
Signature of a member or authorized representative of a member	
Michael T. Evangelisti, as authorized representative	

CSC AMEND-17117