# L24000444532

(Red	questor's Name)	
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Special Instructions to f	Filing Officer:	





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## **COVER LETTER**

Div	ision of Corp	oorations			
SUBJECT:		ENTURES LLC			
300000017		Name of Limit	ed Liability Company		
The enclosed	l Articles of A	Amendment and fee(s) are subm	nitted for filing.		
Please return	all correspon	ndence concerning this matter to	the following:		
		Anda Malescu			
			Name of Person		•
		Malescu Law, PA			
			Firm/Company		-
		25 SE 2nd Ave. STE 725			
			Address		-
		Miami, FL 33131			
			City/State and Zip Code	<del>-</del>	-
		officemanager@malesculaw.			
		E-mail address: (to	be used for future annual rep	oort notification)	
For further in	nformation co	ncerning this matter, please cal	I:		
Boris Stavre	v		786 661-8	3395	
	Name of	Person	Area Code	Daytime Telephone Numbe	Γ
Unalogad is a	charle for the	e following amount:			
		_			
<b>≡</b> \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certifica (ed) Certified	ite of Status &

TO:

Registration Section

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

Street Address: 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

SAVOIE VENTURES LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our i ted Liability Company)	records.)
The Articles of Organization for this Limited Liability Compa	any were filed on 10/17/2024	and assigned
Florida document number L24000444532		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	"L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	**	r
(Principal office address MUST BE A STREET ADDRESS	2	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		•
(Mailing address MAY BE A POST OFFICE BOX)		
		' , `c
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, g	enter the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		_, Florida
	City	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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SAVOIE, ANREA		□Add
		47 RUTTAN STTHUNDER BAY, ON P7A5C-6 CA	≣Remove
		<u></u>	□Change
MGR	SAVOIE, ANDREA	47 RUTTAN STTHUNDER BAY, ON P7A5C-6 CA	\ ≣Add
			□Remove
			□Change
			_ □Add
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<u>te:</u> I	e date, if other than the date of filing:
cord s file	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 d.
ted _	October 28 2024
	- Acom
	1/ / \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  ANDA MALESCU

Filing Fee: \$25.00