124000446172

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COVER LETTER

TO: Registration S Division of Co				
Alvensway	y Ventures LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Colin Me Ilreavy			
		Name of Person	 	
	Alvensway Ventures LLC			
		Firm/Company		
	330 3rd St S, Unit 103			
		Address		
	St Petersburg, FL 33702		SE	1997
	alvenswayventures@gmail	City/State and Zip Code	ALC:	0CT 2
		to be used for future annual report notif	ication)	
For further information	concerning this matter, please c			FILED 2024 OCT 31 AM II: 22
Colin McIlreavy		646 457-1311 at ()	-	图 22
Name (of Person		Telephone Number	•
Enclosed is a check for t	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is enclo	
<u>Mailing Addre</u>	'SS:	Street 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

Alvensway Ventures LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compare Florida document number L24000446172	ny were filed on 10/21/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	- <u></u>	
		SE
		AR C
Enter new mailing address, if applicable:		PA 3
(Mailing address MAY BE A POST OFFICE BOX)		200
	·	22
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter th	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	
	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>	Address	Type of Action
AMBR	Patricia Mc Ilreavy	330 3rd St S, Unit 103, St Petersburg, FL 33701	■Add
			□Remove
			□Change
			□Add
		 	□Remove
			□Change
			🗆 Add
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			OF STATE

Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to date ick does not meet the applicable s	of filing or more than 90 days after	ional) r filing.) Pursuant to 605.0207 (2 is date will not be listed as th
ne record specifies a delayed effective ord is filed.	date, but not an effective time, a	t 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated October 28	2024		
Cai Mig	Neary Signature of a member or authorized		
(con pr 3			

Filing Fee: \$25.00