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S. PRATHER

## **COVER LETTER**

TO: Registration Section

Division of Corporations

Tallahassee, FL 32314

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RENAN LOPES		
		Name of Person	
		Firm/Company	
	8219 46TH CT E		
		Address	
	SARASOTA, FL 34243		
		City/State and Zip Code	
	RENANLOPES84@GMA	IL.COM	ification)
For further information c		IL.COM to be used for future annual report not	ification)
For further information c	E-mail address: ( oncerning this matter, please c	IL.COM to be used for future annual report not all:	
RENANLOPES84@GM	E-mail address: ( oncerning this matter, please c	IL.COM to be used for future annual report not all:  at (941 ) 284-2856	ification)  ne Telephone Number
RENANLOPES84@GM	E-mail address: ( concerning this matter, please concerning the co	IL.COM to be used for future annual report not all:	
RENANLOPES84@GM	E-mail address: ( concerning this matter, please concerning the co	IL.COM to be used for future annual report not all:	
RENANLOPES84@GM Name of Enclosed is a check for the \$25.00 Filing Fee  Mailing Address	E-mail address: ( concerning this matter, please contails.COM  of Person  the following amount:  \$30.00 Filing Fee & Certificate of Status	IL.COM to be used for future annual report not all: at (941) 284-2856	S60.00 Filing Fee, Certificate of Status & Certified Copy (udditional copy is enclosed)
RENANLOPES84@GM Name of Enclosed is a check for the \$25.00 Filing Fee	E-mail address: ( concerning this matter, please contails. COM  of Person  the following amount:  \$30.00 Filing Fee & Certificate of Status  Section	IL.COM to be used for future annual report not all: at (941) 284-2856	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

202

LOPES ADVENTURES, LLC			- 5 -
(Name of the Limi	ited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	(c.
he Articles of Organization for this Limited I	Liability Compar	ny were filed on JANUARY 06, 2025	and assigned
lorida document number <u>L 2500</u> 0			<u> </u>
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name o	of the limited liz	ability company here:	
LOPES VENTURES, LLC			
he new name must be distinguishable and contain the	words "Limited Lia		abbreviation "L.L.C."
inter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		
The state of a collection		N/A	
Enter new mailing address, if applicable:		1971	
Mailing address MAY BE A POST OFFICE	<u> </u>	<del> </del>	
B. If amending the registered agent and/or agent and/or the new registered office address.		e address on our records, enter the na	ime of the new regist
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A	Part Plant and Har	
		Enter Florida street address	
		, Florida,	Zip Code
		<b>~••</b> <i>y</i>	7

## 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>	<u>Name</u>	<u>Address</u>	Type of Action
	N/A	N/A	□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			□Change
			□Rcmove
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fective date, if other than n effective date is listed, the da	n the date of filing: ite must be specific and o	cannot be prior to dat	e of filing or more tha	(option in 90 days after fil		o 605.02
ote: If the date inserted in the	this block does not me	eet the applicable s	tatutory filing requ	irements, this d	ate will not be	listed
cument's effective date on	the Department of St	ate's records.				
			4 1 3 . A L	earlier of: (b)	The 90th day	after th
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Filing Fee: \$25.00