P21000032199

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	/ENTURES INCT AND TAUTO VENTURES INCT ,
DOCUMENT NUM	BER: P21000032199	
	of Amendment and fee are su	bmitted for filing.
Please return all corre	espondence concerning this ma	tter to the following:
	SHANNON SERIG	
		Name of Contact Person
		Firm∕ Company
	4525 SANCTUARY LN	
		Address
	BOCA RATON FL 33431	
		City/ State and Zip Code
	SERIGHOBBYSHOP@GM	AIICOM
	E-mail address; (to be us	sed for future annual report notification)
	on concerning this matter, pleas	
SHANNON SERIG		at (310) 666-6070
Name	of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for	or the following amount made:	payable to the Florida Department of State:
□ \$35 Filing Fee	☐\$43 75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

T	AND	TA	TTO:	X F N T	URES	LKC
	/1:11/		\circ	7 1. 7	OILL.D	1117

(Nai	me of Corporation as curren	tly filed with the Florida Dept. of State)	
P21000032199			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section (its Articles of Incorporation;	607.1006, Florida Statutes, this	s Florida Profit Corporation adopts the follow	wing amendment(s) t
A. If amending name, enter the new	w name of the corporation:		
	"Corp," "Inc," or "Co".	"company," or "incorporated" or the abbrevi A professional corporation name must con	
B. Enter new principal office address		4525 SANCTUARY LN	
(Principal office address MUST BE)		BOCA RATON, FL 33431	t t
C. Enter new mailing address, if a	unlicable:		
(Mailing address MAY BE A POS		4525 SANCTUARY LN	
		BOCA RATON, FL 33431	
D. If amending the registered agen new registered agent and/or the		Iress in Florida, enter the name of the	
Name of New Registered Age	SHANNON SERIG	<u></u>	
	4525 SANCTUARY LN		
	(Florida s	treet address)	
New Registered Office Addre	BOCA RATON	, Florida 3343	2
1. Constitution of the state of			Lip Code)
New Registered Agent's Signature, I hereby accept the appointment as re		<u>t:</u> with and accept the obligations of the positio	on.
		7	
	Signature of New .	Registered Agent, if changing	
Check if applicable			
☐ The amendment(s) is are being file	ed pursuant to s. 607.0120 (11)	(e), F.S.	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director tille by the first letter of the office title:

P - President: V= Vice President: T= Treasurer: S= Secretary: D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u> 174</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change	Р	THOMAS MOURADIAN	123 NW 13TH STREET, SUITE 10
Add			BOCA RATON, FL 33432
X Remove			
2) Change	VP	MICHAEL TOBIAS	123 NW 13TH STREET, SUITE 10
Add			BOCA RATON, FL 33432
X Remove	P	SHANNON SERIG	4525 SANCTUARY LN
X Add			BOCA RATON, FL 33431
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
61 Change	.		
Add			
Remove			

(Attach additional sheets, if no	onal Articles, enter change(s) here; ressary). (Be specific)
The state of the s	The second secon
	·
If an amendment provides for	r an exchange, reclassification, or cancellation of issued shares,
provisions for implementin	the amendment if not contained in the amendment itself:
provisions for implementing	Mass
tif not applicable, indica	1e 187A)
	

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The date of each amendment(s)	adoption:, if other than the
date this document was signed.	
	·1/22
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	t for the amendment(s) was/were sufficient for approval
by	(voting group)
9/22/22 Dated	
Signature	le Medi
select	director president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	THOMAS MOURADIAN
	(Typed or printed name of person signing)
	P
	(Title of person signing)