

L18000006045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

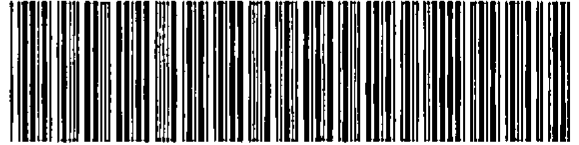
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/05/22--01006--004 **25

SECRETARY OF STATE
2022 DEC -5 PM 3:30
PHOTO

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vensport CA, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ruben A. Ortega
Name of Person

Vensport CA, LLC
Firm/Company

16525 SW 42nd Way
Address

Miami, FL 33185
City/State and Zip Code

rubenortega007@gmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2022 DEC -5 PM 3:30

For further information concerning this matter, please call:

Ruben A. Ortega
Name of Person

786 516-6262
at () Area Code Daytime 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)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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**

Vensport CA, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 1/8/2018 and assigned Florida document number L18000006045.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "limited liability company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

16525 SW 42nd Way

Miami, FL 33185

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16525 SW 42nd Way

Miami, FL 33185

NOT RECORDED
2018 DEC -5 PM 3:30
STATE OF FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Ruben A. Ortega

New Registered Office Address:

16525 SW 42nd Way

Enter Florida street address

Miami

City

Florida

33185

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>	<u>Type of Action</u>
MGR	Ubaldo Colmenares	5164 Conroy Road	<input type="checkbox"/> Add
		Apt. 1518	<input checked="" type="checkbox"/> Remove
		Orlando FL, 32811	<input type="checkbox"/> Change
MGR	Ruben A. Ortega	16525 SW 42nd Way	<input checked="" type="checkbox"/> Add
		Miami, FL 33185	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY
 2027 DEC - 5 PM 30
 MAIL ROOM

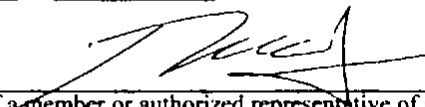
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2022 DEC -5 PM 3:30
 SECRETARIAT
 TALENT

E. Effective date, if other than the date of filing: _____ (optional)
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated November 17, 2022



 Signature of a member or authorized representative of a member

Ruben A. Ortega

 Typed or printed name of signee