Division of Corporations

→ 18506176383

## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## AI CAPITAL MANAGER, LLC

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2022 MAY 2.6

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Al Capital Manager, LLC				
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on on the control of the control	our records.)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L21000363071</u> .	ere filed on	08/12/2021	and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	y company here:			
AISH Venture Partners, LLC				
The new name must be distinguishable and contain the words "Limited Liability	Company," the designa	nion "LLC" or the a	bbreviation "L.L.	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	<u></u>			<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office ad-	dress on our recor	ds, <u>enter the nar</u>	me of the new	registered
agent and/or the new registered office address here:				
Name of New Registered Agent:		<del></del> .	2022 HAY	
New Registered Office Address:			<u> </u>	
	Enter Florida si	reet address , Florida _	- <b>-</b>	
	City		Zip (Code	C.
New Registered Agent's Signature, if changing Registered Agent:			5	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per	erformance of my (	duties, and I am	i familiar with	i and

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>	Name	Address	Type of Action
			🗖 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
			□Add
			( Change
			□Add
			□ Remove
			Change
			□Add
			Remove
			□Change

14154847068

Jenisa Irizarry

Filing Fee: \$25.00

Typed or printed name of signee