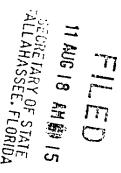
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Office Use Only



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08/18/11--01009--003 **25.00



D. BRUCE

AUG 19 2011

EXAMINER

COVER LETTER

TO: Registration Division of C	Section Corporations			
SUBJECT:	Vent	ech GP, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	spondence concerning this matte	r to the following:		
		Julie Norton		
		Name of Person		
	Sund	Suncoast Community Partners		<u>ب</u>
		Firm/Company		
(547 Midnight Pass Rd		AUG 18 CHETARY LAHASSI
		Address		
		Sarasota, FL 34242		AH # 15
		City/State and Zip Code		· 85年 15
	E-mail address: (ulie@eb5florida.com to be used for future annual repo	ort notification)	Þ
For further information	concerning this matter, please of	call:		
	Julie Norton	at (_941)	5677747	
Name	of Person	Area Code &	Daytime Telephone Number	г
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 en	closed) Certified	te of Status &
MAILING ADDRESS: Registration Section			OURIER ADDRESS:	
Division of Corporations P.O. Box 6327		Registration Section Division of Corporations Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ve	ntech GP, LLC			
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appear Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	3/25/2010	and assigned	
Florida document numberL10000033521				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company her	<u>e</u> :		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)		- CO (TABLES)	
Enter new mailing address, if applicable:		EE FLORID	9 32 177	
(Mailing address MAY BE A POST OFFICE BOX)		ĐΑ	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or reging registered agent and/or the new registered office address.		our records, <u>enter t</u> i	ne name of the new	
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	. Florida			
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> Name 1 <u>Address</u> **Type of Action** MGR Roy Norton 6547 Midnight Pass Rd #3 Sarasota, Fl 34242 Daniel Alonso ☐ Add Remove PASEO DE GRACIA 21 4TH FLOOR BARCELONA --Rafael Ramos Paseo De Gracia 21 4th Floor Barcelona Spain 08007 Remove Jesus Calderas Paseo De Gracia 21 Add 4th FL Barcelona Spain 08007 Remove Damon Virtuoso MBR 1082 HERITAGE DRIVE Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary, Dated Signature of a member or authorized representative of a member Julie Norton Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00