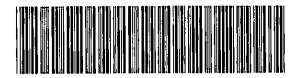
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(Requ	restor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/:	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Docu	ument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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P. BRUCE

COVER LETTER

TO: Registration Section Division of Corpora			•		
subject: <u>Vén</u>	ture aastro	Denterology ed Liability Company	<u>, LL C</u>		
The enclosed Articles of Amo	endment and fee(s) are subn	nitted for filing.			
Please return all corresponder					
	David	5. Menkhai	15		
-	Debbie	Renken		_	
	Moore	i Menkho Firm/Company	ius, PL	_	
	1900	glado Rd Address	# 300	_	
	Bocal	City/State and Zip Code	3343/	_	
<u>¥</u>	Venturea E-mail address: (1	STOEN PW 105 Up to be used for future annual re	port notification))M	
For further information conce	erning this matter, please ca	II:		2018	
Debbie Name of Per	<u>Zenken</u>	at () Area Code	394-7910 Daytime Telephone Number	<u> </u>	gress e
Enclosed is a check for the fo	ollowing amount:			22: 3	-
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certific	ate of Status &	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Venture (Costroenterology LLC
(Same of the Limit	ed Liability Company as it now appears on our records.) (3 Florida Limited Liability Company)
The Articles of Organization for this Limited Li	
Florida document number	<u>07/7</u> .
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:
(Principal office address MUST BE A STREE	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	BOX)
	or registered office address on our records, enter the name of the new
registered agent and/or the new registered of	ince address here.
Name of New Registered Agent:	Andrew Nullman 3 8 Ti
Name of New Registered Agent.	11 CCC 2 2 Dril 1
New Registered Office Address:	Enter Florida street address
	North Miami Beach, Florida 33162" - Zip Gode

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>	Address	Type of Action
·			Add
			□ Remove
			Change
			D Remove
			Change
			E Remove
			DCC Change ** P-Add 2: 3
			ىن ☐ Remove
			□ Change
			□ Remove
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			☐ Change

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Page 3 of 3

Filing Fee: \$25.00