14000166586

(Re	questor's Name)	
. (Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Cor			
elin tr	cor.	Ventu	ırata Advisors LLC	
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pléase	return all correspo	ondence concerning this matter	to the following:	
٠			Gregory S. Daniel	
		······································	Name of Person	
			Zenviba Ventureprises Inc	5 .
			Firm/Company	
		11	01 Brickell Avenue, Suite	S800
			Address	
			Miami, FL 33131	
			City/State and Zip Code	, , , <u>, , , , , , , , , , , , , , , , </u>
			greg@zenviba.com	
			to be used for future annual repo	ort notification)
For fur	ther information co	oncerning this matter, please ca	all:	
	Gregory	/ S. Daniel	561	324-2500
	Name of	f Person	Area Code D	Daytime Telephone Number
Enclose	d is a check for th	e following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)

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

	Venturata Advisors LLC		
(<u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears ida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	October 27, 2014	and assigned
Florida document number L14000166586	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company her	<u>e</u> :	
Zenviba	Advisors LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the des	ignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADI	ORESS)		
			TSE 15
		ţ	
Enter new mailing address, if applicable:			立一 (1)
(Mailing address MAY BE A POST OFFICE BOX)			SER P IM
			75 W O
	- 1 - 1 12-1-1		SP W
B. If amending the registered agent and/or reg	istered office address on o	our records, enter t	he≅name of the new
registered agent and/or the new registered office ad		, <u></u>	
		*	
Name of New Registered Agent:	Zenviba Ver	tureprises Inc.	·
New Registered Office Address:	1101 Brickell A	venue, Suite S800	
	Enter Florid	a street address	
	Miami	, Florida	33131
	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 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

À ...

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
MGR	Venturata Group Inc.		□ Add
			Remove
•			☐ Change
MGR	Zenviba Investment Company	1101 Brickell Avenue, Ste S800	Add
		Miami, FL 33131	☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change SECO AGG
			31 Remove 7 Change 8 ASSEE, FLORIDA
			□ Add
			□ Change

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(If an effective Note: If the	date, if other than the divergence date is listed, the date must he date inserted in this blocks effective date on the Dep	e specific and k does not r	l cannot be p neet the ap	plicable statı	filing or more	than 90 days a	ptional) fter filing.) this date	Pursuant	to 605.0	207 (3 I as the
(If an effective Note: If the document's)	ve date is listed, the date must l he date inserted in this bloo	e specific and k does not r artment of S	I cannot be p neet the ap State's reco	prior to date of plicable staturds.	filing or more tory filing re	than 90 days a equirements,	fter filing.) this date	will not l	be listed	as the
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Filing Fee: \$25.00