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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
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AUG 10 2015 S. YOUNG

## **COVER LETTER**

	egistration Se vision of Cor		•		
SUBJECT	ERKIOS V	ENTURE CAPITAL, LLC.			
SUBJECT		Name of Lim	nited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	rn all correspo	ndence concerning this matter	to the following:		
		LUIS F. NAVARRO			
			Name of Person		
			Firm/Company		
		2151 LE JEUNE ROAD, S	SUITE 300		
			Address		<b>79 5</b>
		CORAL GABLES, FL 33	134		蓝色工
		LOU@NHLAWPL.COM	City/State and Zip Code		1882 - F
		<del>-</del>	to be used for future annual report noti	fication)	
For further	information c	oncerning this matter, please co	all:		등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등
LUIS F. N.			305 424-2625 at ()		الأغير
	Name o	f Person	Area Code Daytim	e Telephone Number	<del></del>
Enclosed is	a check for th	ne following amount:			-
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
	Registr Divisio P.O. Bo	ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin		iv as it now appears on ou	r records.)	<del></del>			
	(A Florida Limited L	iability Company)					
The Articles of Organization for this Limited	Liability Company	were filed on MAY 12	2015	_ and assig	med		
Florida document number L15000083723	·				ė		
This amendment is submitted to amend the fo	llowing:						
A. If amending name, enter the new name	of the limited liabi	lity company here:					
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designat	on "LLC" or the abbre	viation "L.L.	C."		
Enter new principal offices address, if appl	icable:						
(Principal office address MUST BE A STRE							
		· · · · · · · · · · · · · · · · · · ·			·		
Enter new mailing address, if applicable:		P.O. BOX 34-7650					
(Mailing address MAY BE A POST OFFICE	E BOX)	CORAL GABLES, FL	. 33234	<b>3</b> 5			
	···		7.7	:: ::::::::::::::::::::::::::::::::::			
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B. If amending the registered agent and			records, enter the	name of	the ne		
registered agent and/or the new registered	office address here	:	- 11		Ö		
			3	≥ <b>č</b> i			
Name of New Registered Agent:	LUIS F. NAVA	LUIS F. NAVARRO, P.A.					
New Registered Office Address:	2151 LE JEUNE ROAD, SUITE 300						
		Enter Florida stre	et address				
	CORAL GABLI	CORAL GABLES , Flori					
		City		Zip Code			

## New Registered Agent's Signature, if changing Registered Agent:

EDVICE VENTURE CARITAL TIC

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>	Type of Action
AMBR	SEAN OPPEN	2151 LE JEUNE RD., SUITE 300	□ Add
		CORAL GABLES, FL 33134	<b>■</b> Remove
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		Signatu	re of a m	ember of	authorize	<b>(</b> represen	ntative of	a member				

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Filing Fee: \$25.00