

L16 000196299

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(Address)

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(City/State/Zip/Phone #)

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**Registration Section
Division of Corporations**

VENTEURS HOLDINGS LLC

ECT: _____
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

return all correspondence concerning this matter to the following:

DARRILYN BORBA

Name of Person

VENTEURS HOLDINGS LLC

Firm/Company

855 S ALDER ST SUITE B

Address

BURLINGTON, WA 98233

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

urther information concerning this matter, please call:

DARRILYN BORBA

Name of Person

559

816-9581

at (_____) _____

Area Code

Daytime Telephone Number

sed 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 enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**TO
ARTICLES OF ORGANIZATION
OF**

VENTGURS HOLDINGS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 10/24/2016 and assigned
document number 116000196299.

amendment is submitted to amend the following:

amending name, enter the new name of the limited liability company here:

ATAGEM HOLDING LLC

New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

amending the registered agent and/or registered office address on our records, enter the name of the new registered
and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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
understand 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

R = Manager
BR = Authorized Member

R = Manager
BR = Authorized Member

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

d December 02, 2020

DAKRYLYN BOLESA, TTEE - Member
Typed or printed name of signer