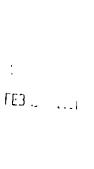
L16000196299

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only





200358160222

01/15/21--01020--025 ++25.00

2021 JEH 15 MIT

M.

Registration Section Division of Corporations

VENTEURS HOLDINGS LLC ECT: Name of Limited Liability Company nclosed 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) rther information concerning this matter, please call: 816-9581 RILYN BORBA Daytime Telephone Number Name of Person sed is a check for the following amount: ☐ \$60.00 Filing Fee, ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & 25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status &

Mailing Address:

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

Street Address:

(additional copy is enclosed)

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

Certified Copy

(additional copy is enclosed)

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	pany)
ticles of Organization for this Limited Liability Company were filed of	on 10/24/2016 and assigned
document number 1.16000196299	
nendment is submitted to amend the following:	
mending name, enter the new name of the limited liability compa	ny here:
AGEM HOLDING LLC	
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:	
pal office address MUST BE A STREET ADDRESS)	
	37
	TAY JAY L
new mailing address, if applicable:	
g address MAY BE A POST OFFICE BOX)	<u> </u>
	7.1.2
	12
mending the registered agent and/or registered office address on	
ind/or the new registered office address here:	
Name of New Registered Agent:	
N: D : 1007 A H	
New Registered Office Address: Ento	er Florida street address
	19
City	, Florida Zip Code
gistered Agent's Signature, if changing Registered Agent:	
gistered Agent's organitare, it changing registered regents	

iled to merely reflect a change in the registered office address. I hereby confirm that the limited liability

ny has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

emoved from our records:

R = Manager

BR = Authorized Member

<u>Name</u>	<u>Address</u>	Type of Action
		□ Remove
		Change
		_ _ _ Add
		□Remove
		Change
		□ Add
		□Remove
		□ Change
		□ Add
		□Remove
		□Add
		□Remove
		□ Change
		□Add
		🗀 Remove
		□Change

					
				· · · · · · · · · · · · · · · · · · ·	
	= _ =				
					
		-			
·			-		
_					
					
	· · · · · · · · · · · · · · · · · · ·				
tive date, if other	than the date of filing:		(op	tional)	
If the date inserted	than the date of filing: the date must be specific and cannot this block does not meet to the Department of State's	he applicable statutory	or more than 90 days aft filing requirements, th	er filing.) Pursuant to 605.0 nis date will not be listed)207 (. d as tl
rd specifies a delay- iled.	d effective date, but not an el	ffective time, at 12:01	a.m. on the earlier of:	(b) The 90th day after	the
December 1	. 2	2020			
Damly	Briba Trustu of Signature of a memb	The Userbage er or authorized represen	Just dtd	DCT 02 2,000 - M	ለይ
	S BOREA, TTEE-	000			
	しゅんきょうり ヤイモじょ	I Y W MATICAL			

THE TEL MARKAN