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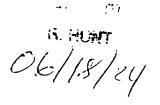
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COVER LETTER

TO:

TO: Registration Division of C				
	tures, Llc			
SUBJECT:	Name of Lir	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
	Nelson Perez			
		Name of Person		
	NCPVentures, Llc			
		Firm/Company		
	10130 Northlake Blvd , #	214-226		
		Address		~
	7.	2. 1.3 1.3		
		City/State and Zip Code	2.1	
	NCPVentures@aol.com		33 	æ .
		(to be used for future annual report notification)	200 100 100 100 100 100 100 100 100 100	8 PM 1:00
For further information	n concerning this matter, please	call:	FIA	<u> </u>
Nelson Perez		561 255-2103 at ()		00
Name	e of Person	Area Code Daytime Telephone i	Number	
Enclosed is a check for	r the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, ertificate of Stat ertified Copy dditional copy is en	tus &
Mailing Add Registration		Street Address: Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6	327 :, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, S		
i ananassee	・・ エニ・フェフェサ	2413 IV. MIDHIOC BILCCL, B	uite ort	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NCPVentures, Lle			
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our recited Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 01/12/2017		and assigned
Florida document number L17000009798			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
NCP Ventures, Llc			
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation "l	LLC" or the abbrev	ation "L.L.C."
Enter new principal offices address, if applicable:			· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS	5)		
		_	(1) (1) (1)
		(
25		1>-	
Enter new mailing address, if applicable:			CO
(Mailing address MAY BE A POST OFFICE BOX)		- 85	
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B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>en</u>	ter the name of	the new registere
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:		,	
	Enter Florida street add	uress	
		Florida	
	City	7.	lip 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

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
AMBR	Leticia A Perez	10130 Northlake Blvd #214-226	≣Add
		West Palm Beach, FL 33412	□ Remove
		.	Change
			□Add
			⊡Remove
			Change
			Sin □Add
			AHA GRemove SSF S DChange
			PH Change
			M O □ Add
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fective date, if other than the date of filing:	or to date of fi	ing or more than	(option 90 davs after f	n al) iling.) Pur	suant to 6	605.020
ote: If the date inserted in this block does not meet the applicument's effective date on the Department of State's record	icable statute	ory filing requir	ements, this	date will	not be l	isted a
content of state of the beganning of state a record						
ecord specifies a delayed effective date, but not an effective	time, at 12:0	I a.m. on the e	arlier of: (b)	The 90	th day a	fter the
is filed.						
June 12 2024						
ated	— <i>'</i> O					
-V	1 90	_ /				
Signature of a member or aut	- 1					

Filing Fee: \$25.00