

U7000009798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

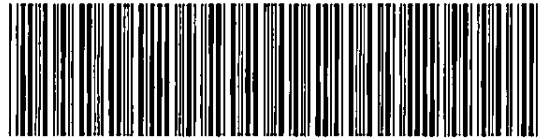
(Document Number)

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200431539052
JUN 18 PM 1:00
CLERK OF STATE
TALLAHASSEE, FL

G. HUNT

06/18/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NCPVentures, Llc

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Nelson Perez

Name of Person

NCPVentures, Llc

Firm/Company

10130 Northlake Blvd , #214-226

Address

West Palm Beach, FL 33412

City/State and Zip Code

NCPVentures@aol.com

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

For further information concerning this matter, please call:

Nelson Perez

561 255-2103
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

RECEIVED
TALLAHASSEE, FL
JUN 18 PM 1:00

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>	<u>Type of Action</u>
AMBR	Leticia A Perez	10130 Northlake Blvd #214-226	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33412	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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DEPT OF STATE
TALLAHASSEE, FL
PH: 00

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

2026 11 18 PM 1:00
FLORIDA STATE
MILWAUKEE, FL

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 12, 2024

Signature of a member or authorized representative of a member

Nelson C Perez

Typed or printed name of signee

Filing Fee: \$25.00