

LT000211457

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(Business Entity Name)

(Document Number)

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2018 APR 30 P 12:30
TALLAHASSEE, FLORIDA
CLERK OF COURT

5/2/18 DS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VENTURE CAPITAL PARTNERS LLC

Name of Limited Liability Company

RECEIVED
2018 APR 30 PM 2:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

GILBERT M MOSEZAR

Name of Person

Firm/Company

P.O. BOX 668931

Address

POMPANO BEACH FLORIDA 33066

City/State and Zip Code

gilmarkcapital@gmail.com

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

For further information concerning this matter, please call:

GILBERT M MOSEZAR

Name of Person

at (954) 496-4736

Area Code

Daytime Telephone Number

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2018 APR 30 PM 12:30
TALLAHASSEE, FLORIDA

Enclosed 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)

See Attached
Check
Refund
2750

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

VENTURE CAPITAL PARTNERS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/12/2017 and assigned
Florida document number L17000211457.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

VENTURE CAPITAL PARTNERS LLC

P.O. BOX 668931

POMPANO BEACH FL. 33066

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent 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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	COHEN, ISADORE M	3363 NE. 163RD ST. SUITE 801	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BAILEY, RAY S.	5120 W. GOLDLEAF CIRCLE	<input checked="" type="checkbox"/> Add
		SUITE 230	<input type="checkbox"/> Remove
		LOS ANGELES, CA. 90056	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2018 APR 30 PM 12:30
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED
2018 APR 10 PM 12
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

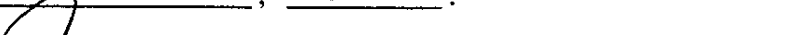
FILED
2018 APR 10 PM 12:30
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

(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)

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.

APR 27, 2018



Signature of a member or authorized representative of a member

Typed or printed name of signee