

L17000 260 954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

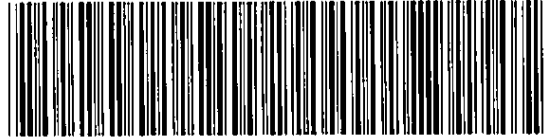
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL
2023 DEC 22 AM 11:10

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SUNRICE VENTURE CAPITAL LLC

December 1, 2023

FLORIDA DEPARTMENT OF STATE

Division of Corporations

P.O. Box 6327

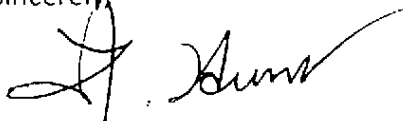
Tallahassee, FL 32314

Re: Document Number L17000260954

Please find enclosed Articles of Amendment for Sunrise Venture Capital, LLC., along with our check in the amount of \$25.00 representing payment of the requisite filing fee.

Should you require any further information please do not hesitate to contact us by phone at (754) 732-9496 or by facsimile at (754) 218-0756.

Sincerely,



Larry Hunt, CEO

Sunrise Venture Capital, LLC

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUNRISE VENTURE CAPITAL, LLC

SUBJECT: _____
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:

LARRY J HUNT

Name of Person
SUNRISE VENTURE CAPITAL, LLC
Firm/Company
1546-1314 E. LAS OLAS BLVD
Address
FORT LAUDERDALE, FL 33301
City/State and Zip Code
LARRY.HUNT@ACCESSVENCOS.COM
E-mail address: (to be used for future annual report notification)

2023 DEC 22 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

LARRY J. HUNT

954 732-5141

Name of Person at (_____) _____
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SUNRISE VENTURE CAPITAL, L.L.C.

(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 DECEMBER 22, 2017 and assigned
Florida document number L17000260954.

This amendment is submitted to amend the following:

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

ACCESS VENTURE COMPANIES, L.L.C.

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)

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
TALLAHASSEE, FL
2023 DEC 22 11:11 AM

2023 DEC 22 AM 11:10
SECRETARY'S OFFICE
TAL. AM. 1357. 31

SECRETARIAT
TAL-AM

(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.

Signature of a member or authorized representative of a member

LARRY J HUNT

Typed or printed name of signee