

18000098835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

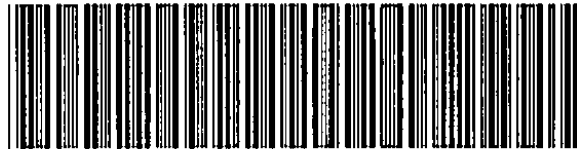
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JAN 25 2023



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11/04/22--01015--003 **25.00

2022 NOV -4 PM 12:00

FILED

Registration Section
Division of Corporations

VENTURE CAPITAL CONSULTING GROUP, LLC
Name of Limited Liability Company

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

Direct all correspondence concerning this matter to the following:

BRUCE VANDERLAAN

Name of Person

BRUCE H. VANDERLAAN, ATTORNEY AT LAW, PA

Firm/Company

1500 ROYAL PALM SQUARE BOULEVARD, SUITE 101

Address

FORT MYERS, FL 33919

City/State and Zip Code

BRUCE@BRUCEVANDERLAAN.COM

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

For information concerning this matter, please call:

BRUCE VANDERLAAN at (239) 220-3326
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$0 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)

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

**TO
ARTICLES OF ORGANIZATION
OF**

VENTURE CAPITAL CONSULTING GROUP, LLC

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

Articles of Organization for this Limited Liability Company were filed on 4/19/2018 and assigned document number L18000098835.

Amendment is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

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

With principal offices address, if applicable:

(If office address MUST BE A STREET ADDRESS)

With mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Changing 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

City

, Florida

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

Manager
Authorized Member

Type of Action

■ Add

☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

□ Add

☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ive date, if other than the date of filing: _____ (optional)

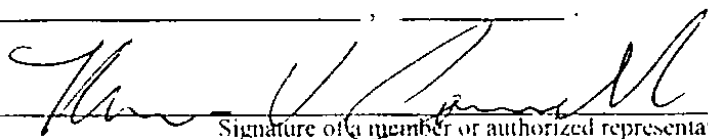
ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
ent's effective date on the Department of State's records.

d 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
led.

NOVEMBER 2

2022



Signature of a member or authorized representative of a member

THOMAS V. CONWELL

Typed or printed name of signee