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COVER LETTER

	FLORIDA LLC		
SUBJECT:	Name of L		
The enclosed Articles of	f Amendment and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
	ANGELICA L. BELTR	AN CPA	
			
Name of Person BELTRAN ACCOUNTING SERVICES CORP			
		Firm/Company	
	MIAMI, FL 33126		
	E-mail address	: (to be used for future annual report notification)	112
For further information	concerning this matter, please	call:	3 17
ANGELICA L. BELTR	RAN CPA	305 456-1999 at ()	The second secon
Name	of Person	Area Code Daytime Telephone N	lumber

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

VENCO FLORIDA LLC		
(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our record da Limited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability	Company were filed onJULY 10, 2018	and assigned
Florida document number L18000166942		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	
		20
		7.
Enter new mailing address, if applicable:		1
(Mailing address MAY BE A POST OFFICE BOX)		
		O
B. If amending the registered agent and/or reging registered agent and/or the new registered office ade		s, enter the name of the ne
Name of New Registered Agent:	<u></u>	
New Registered Office Address:		
	Enter Florida street addres	55
		orida
	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>	Address	Type of Action
AMBR	TATIANA LOZA LONDONO	670 NE 58TH ST	
		NALANA EL 20107 2240	= Add
		MIAMI, FL 33137-2349	□ Remove
			Change
AMBR	EDWARD TORRES	1343 W 24TH STREET	☐ Add
		HOUSTON, TX 77008	■ Remove
			Change
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			Remove Tru
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The 9	Oth day after the re	ecord is filed.	ı					
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	12 /21		, <u>2018</u>	 ·				
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ited		Signature of a	member or author	orized represents	tive of a member			_