(Re	questor's Name)	
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		·
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	





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## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:		SERVICES LLC		
JODGE 1.			ited Liability Company	<del></del>
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		MARIA FERSACA		
		MFF & ASSOCIATES LL	Name of Person C	
		55 SE 6TH STREET UNIT	Firm/Company	
		MIAMI, FL 33131	Address	
		ADMIN@MFFASSOCIAT		
For further in	nformation c	E-mail address: (i oncerning this matter, please ca	to be used for future annual report notif all:	ication)
MARIA FEF	RSACA		786 842-0071 at()	
	Name o	f Person		· Telephone Number
Enclosed is a	check for th	e following amount:		
\$25.00 F	iting 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:

TO:

Registration Section

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

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

FILED

VENPRO SERVICES LLC

2018 NOV 12 444

(/	A Florida Limited Lia	bility Company)	SECRE MR ) UF	STATE
The Articles of Organization for this Limited Lia	bility Company w	ere filed on OCTOBE	R 10, 2018 HASSE	and assigned
Florida document number L18000240044				-
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of t	the limited liabilit	ty company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liability	Company," the designati	ion "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	'ADDRESS)		<u></u>	
				<del></del>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u> .			<del></del>
	-			
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered offic ce address here:	ce address on our	records, <u>enter the</u>	name of the nev
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida stre	et address	
	-		, Florida	
	<del>- 1</del>	City		p Code
New Registered Agent's Signature, if changing Re	gistered Agent:			
I hereby accept the appointment as registered	agent and agree	to act in this capaci	ity. I further goree to	o comply with the

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
MGR	FEDERIKA K CELIS	500 BRICKELL AVE SUITE 2510	
		MIAMI, FL 33131	
			Remove
			□ Change
			Add
		<del>-</del>	□ Remove
			Change
			Add
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			Remove
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ective date, if other than the	date of filing:	(optional) te of filing or more than 90 days after filing.) Purs	suant to 605 020
te: If the date inserted in this blo	ock does not meet the applicable	statutory filing requirements, this date will	not be listed as
cument's effective date on the Do	epartment of State's records.		
record specifies a delayed The 90th day after the rec		effective time, at 12:01 a.m. on t	the earlier o
Jour day dicer the rec	J. G. 13 111001		
NOVEMBER 1	2018		
	MAD		
	4000		
	Signature of a member or authorized	d representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00