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COVER LETTER

TO: Registration Sec Division of Corp			
Venture Stu			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subi	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Katie Sjostrom		
		Name of Person	
		Firm/Company	
	3225 McLeod Drive, Suite	100	
		Address	
	Las Vegas, Nevada 89121		
		City/State and Zip Code	
	ra@andersonadvisors.com E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Katie Sjostrom		800 706-474}	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
Regist	ING ADDRESS: ration Section	STREET/COURI Registration Sectio	n
	on of Corporations	Division of Corpor	ations

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Venture Studio, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>(45-</u>)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L19000000687</u>	y were filed on 12/26/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	C" of the abbreviation 1 C."
Enter new principal offices address, if applicable:	 .	·
(Principal office address MUST BE A STREET ADDRESS)		<i>r</i> .
Enter new mailing address, if applicable:		- 1073
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our recordere:	is, enter the narte of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	C22
		Torida
	Cin	гір Соде

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>	Name	Address	Type of Action
AMBR	Divine Holdings, LLC	1718 Capitol Ave	
		Cheyenne, WY 82001	■ Remove
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fecti	ive date, if other than the date of filing: (optional) ective 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
ote:	If the date inserted in this block does not meet the applicable statutory ining requirements, this date	will not be listed as
сите	ent's effective date on the Department of State's records.	
	of the state of th	on the earlier o
rec The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the carrier o
HIG	. Sour day diver the record to more	
التنوية	October 18th 2019.	
ated .		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00