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COVER LETTER

TO:

Registration Section

Divi	sion of Cor	porations		
SUBJECT:	Venture Pe	rsonnel, LLC		
SUBJECT:		Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The analogad	Amialos of	Amendment and fee(s) are sub	mitted for filing	
The enclosed	Afficies of	Amendment and rec(s) are suo	initied for filling.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Joanna Elledge		
			Name of Person	
		Venture Personnel, LLC		
			Firm/Company	
		10214 Strawberry Tetra D	г	
			Address	
		Riverview, FL 33578		
			City/State and Zip Code	
		Joanna@VenturePersonnel	com to be used for future annual report no	stiffaction)
For further in	formation c	oncerning this matter, please c	·	offication)
Joanna Elled	ge		813 816-4729	
	Name o	f Person	at ()	ime Telephone Number
	rume o		Alea Conc Dayli	inc receptione realises
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
	ling Addres		Street Address:	
_	sistration S		Registration S	
		orporations	Division of Co	•
	. Box 632		The Centre of	
1 211	lahassee, I	ニレン2314	2413 IN. IVIONT	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Venture Personnel, LLC				
(Name of the Limited Liability Compt (A Florida Limited	nny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000045207</u>	were filed on February 07, 2020	and assigned		
This amendment is submitted to amend the following:	<i>,</i>			
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "Ll.C" or the a	bbreviation "L.L.C."		
Enter new principal offices address, if applicable:	Idress, if applicable: Venture Personnel, LLC			
(Principal office address MUST BE A STREET ADDRESS)	15275 Collier Blvd Ste 201 - 2023			
	Naples, FL 34119-6750			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Venture Personnel, LLC 15275 Collier Blvd Ste 201 - 2023			
Manual manual print of the Bony	Naples, FL 34119-6750			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		ne of the new registered		
	, Florida	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	i			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my duties, and I am	familiar with and		

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
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			DAdd
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	er than the date of fil	ling:		(optional)	(05.00.05
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