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COVER LETTER

TO: Registration Sec Division of Corp	tion orations		
VENEX G	ROUP LLC		
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
	JESUS LEON		
		Name of Person	
	SACONSA GROUP LLC	:	
		Firm/Company	
	3625NW, 82 Avenue Su	ite 100-K	
		Address	
	DORAL, FL 33166		
	JESUSLEONTERAN@GM		
	E-mail address: ()	o be used for future annual report notific	ration)
For further information c	oncerning this matter, please ca		
JESUS LEON		786 7572436 at ()	
Name o	t Person	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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

VENEX GROUP LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our record d Liability Company)	<u>1s.</u>)
The Articles of Organization for this Limited Liability Compa- L20000265398	ny were filed on08/26/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability 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 ADDRESS)		
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		PALLA STOP
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b	l office address on our record nere:	ds, enter the same of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	. F	Horida
	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>	<u>Address</u>	Type of Action
MGR M	NUNEZ MONICA	3625 NW 82 AVE. 100 K	□ Add
		DORAL, FL 33166	■ Remove
			Change
MGR M	GORDILLO SANDRA M	3625 NW 82 AVE. 100 K	Add
		DORAL, FL 33166	Remove
			Change
			Add
			☐ Remove
			☐ Change
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an eff lote:	ive date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	OCTOBER, 05
	Signature of a member or authorized representative of a member
	\mathcal{M}

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Filing Fee: \$25.00