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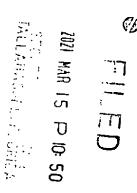


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COVER LETTER

TO: Registration S Division of Co				
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SUBJECT:	Name of Lim	ited Liability Company		
77)				
	f Amendment and fee(s) are sub			
Please return all corresp	ondence concerning this matter	to the following:		
	Jason Hill			
	····	Name of Person		
	Ventus Consulting LLC			
		Firm/Company		
	P.O. Box 22164			
		Address	······································	
	Fort Lauderdale, FL 33315	;		
		City/State and Zip Code		
	jhill245@gmail.com	to be used for future annual report notific		
For further information	concerning this matter, please c	·	. •	Ø
Jason Hill		508 451-3748	2021 MAR	77
Name	of Person		elephone Number 5	
Enclosed is a check for	the following amount:		Ŋ	_
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre	:ss:	Street Address:		
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ventus Consulting LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on October 13, 2020 and assigned Florida document number ____L20000323885 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 726 SW 13TH AVE Enter new principal offices address, if applicable: FORT LAUDERDALE, FL 33312 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida^{*} City

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 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
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March 9		2021			
Dated		· ,· • / /	•		
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	Signature of a	member of authorize	ed representative of a mo	:mber	