L21000097627

(Request	or's Name)	
(Address)	
(Address)	
(City/Stat	e/Zip/Phone #)	
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	VENTURE FINA	ANCIAL HOLDINGS LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
		HUGO MCNAMEE		
		Name of Person		
	VENTU	RE FINANCIAL HOLDING	SS LLC	
	, .	Firm/Company		
	1	5757 PINES BLVD. #141		
		Address		
	PĘMI	BROKE PINES, FL 3302	27	
		City/State and Zip Code		
		financial.groups@gmail.c		
	E-mail address: (to be used for future annual report	nouncation)	
For further information c	oncerning this matter, please c	all:		
HUGO I	MCNAMEE	at (1888_)	753-7583	
Name o	f Person	Area Code Da	ytime Telephone Number	
Enclosed is a check for t	ne 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		Street Address Registration	Section	
Division of C	•		Division of Corporations The Centre of Tallahassee	
P.O. Box 632 Tallahassee,		*****	nroe Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VENTURE FINANCIAL (GROUPS HOLDING LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Torida document numberL21000097627	MARION A 2004	and assigned
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	<u>ility.company.here</u> :	
VĔNTURĒ FINANČIAL H		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:	10250 SW 8TH CT	
Principal office address MUST BE A STREET ADDRESS)	PĒMBROKĒ PINĒS, FL 33025	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	15757 PINES BLVD, #141	
Muung uduress MALDE AT OST OFFICE DOA	PĒMBROKĒ PINĒS, FL 33027	
3. If amending the registered agent and/or registered office a seem and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the nam</u>	e of the new regist
rane in the regimered regime.	MIA	
New Registered Office Address:	Enter Florida street address	
	Florida	
	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 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
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			Remove
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fan effective <u>Note:</u> If the	late, if other than the date of filing:	irsuant to 605,0207 Il not be listed as
record spec d is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	0th day after the
Dated	APRIL 10 2021	
_	Signature of a member or authorized representative of a member	
	·	

Filing Fee: \$25.00