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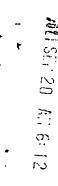
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## **COVER LETTER**

то:		istration Sec ision of Corp		;	*
our te	can		L'DINGS, LLC		,
SUBJE(	CT:		Name of Limi	ited Liability Company	<del></del>
The enc	losed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn	all correspor	ndence concerning this matter	to the following:	
			David Bauer		
				Name of Person	
			Bauer Gutierrez & Borbon	PLLC	
				Firm/Company	<del>-</del>
			814 Ponce de Leon Blvd, S	Suite 210	
				Address	
			Coral Gables, FL 33134		
				City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
			eparrab@gmail.com E-mail address: ()	to be used for future annual report noti	fication)
For furt	her ir	nformation co	oncerning this matter, please ca		
Carlos	Parra			305 790-5467	
		Name of	Person	at () Area Code Daytim	e Telephone Number
Enclose	vd ic a	wheek for th	e following amount:		
		Filing Fee	S30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
<b>=</b> 323	).UU I	ning rec	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
				0	
		iling Address gistration S		<u>Street Address:</u> Registration Se	ction
	Div	vision of C	orporations	Division of Cor	porations
	P.C	D. Box 632	7	The Centre of T	allahassee

2415 N. Monroe Street. Suite 810

Tallahassee. FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VENGJ HOLDINGS, LLC

NGS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

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:

New Registered Office Address:		
	Enter Florida street ada	lress
		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 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>	Address ALISE 20 All 6:	2 Type of Action
AR	Bauer Gutierrez & Borbon, PLLC	814 Ponce de Leon Blvd, Ste 210	• □Add
		Coral Gables, FL 33134	■Remove
		<del></del>	□Change
MGR	Carlos G. Parra	2650 SW 27 Ave. Suite 301	<b>≣</b> Add
		Miami, FL 33133	□Remove
			□Change
	<del></del>		□ Add
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documen	t's effecti	ve date oi	n the Depa	rtment of	f State's	records.								
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Filing Fee: \$25.00