(((H220002336613)))



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To:

Division of Corporations

Fax Number

Fax Number : (850)617-6383

From:

Account Name : TAXCARE SOUTH MIAMI

Account Number : I20210000129 : (786)647-5866 : (786)465-2822

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: __corina.smith@taxcareinc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **VENALCA LLC**

Certificate of Status	0
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Page Count	07
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JUL 1.3 2022

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COVER LETTER

(((H22000233661 3))) TO: Registration Section Division of Corporations VENALCA LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: CORINA A. SMITH Name of Person TAXCARE SOUTH MIAMI Firm/Company 1400 NW 107TH AVE STE 203 Address MIAMI, FL 33172 City/State and Zip Code CORINA.SMITH@TAXCAREINC.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call.

Enclosed is a check for the following amount:

Name of Person

■ \$25.00 Filing Fee

CORINA A. SMITH

☐ \$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, FL 32314 Street Address:

647-5866

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Daytime Telephone Number

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H220002336613)))

VENALCA LLC			
(Name of the Limited I (A)	Jability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liabi		and ass	igned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited <u>liability company here</u> :		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.	L.C."
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET)	ADDRESS)		
	 	<u> </u>	2422
Enter new mailing address, if applicable:			==
(Mailing address MAY BE A POST OFFICE BO	<u></u>		,
			<u> </u>

B. If amending the registered agent and/or regi agent and/or the new registered office address b	istered office address on our records, <u>enter the nere</u> :	ame of the nev	w Eegiste C
B. If amending the registered agent and/or registered affice address because of the new registered office address because of New Registered Agent:	istered office address on our records, <u>enter the nere</u> :	ame of the nev	<u>v Eegiste</u> G
Name of New Registered Agent:	istered office address on our records, <u>enter the nere</u> :	ame of the nev	v Eegiste
agent and/or the new registered office address b	istered office address on our records, <u>enter the nere</u> : Enter Florida street address	ame of the nev	v Tegiste
Name of New Registered Agent:	<u>1ere</u> :		<u> </u>

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

(((H220002336613)))

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SALAMI FURRER, ANDRES E	690 SW 1ST COURT. APT 2514	
		MIAMI, FL 33130	=Remove
			Change
MGR	RICCIO MOLINA, ANTONIO	11605 NW 89TH ST APT 103	■Add
		DORAL, FL 33178	□Remove
			☐Change:
			☐Remove.
			□Add
			□Remove
			□Change
			□Add
			□Remove
			DClange
			∐Add
			□Remove (((H22000233661 3)))
			□Change

	(((H22000233661	3)))
D. If amending a	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	* 1	2699
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		;
		es E
Note: If the d	e, if other than the date of filing: (optional) te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed fective date on the Department of State's records.	:07 (3)(b) as the
If the record specification record is filed.	ies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b) The 90th day after the	ne
Dated July 8t	2022	
	Antonio Riccio Signature of a member or authorized representative of a member	

(((H22000233661 3)))

Filing Fee: \$25.00

Typed or printed name of signee

ANTONIO RICCIO MOLINA, MBR