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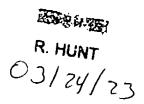
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
NULYFE N SUBJECT:	VENTURE CAPITAL LLC				
SUBJECT.	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ANDRE WALTERS				
	Name of Person				
		Firm Company		~ ? ~ ? 	
	2061 NW 81 AVE APT#61	15		235AR 24 PM 1: 18  NY OF STATE OF CHASSEE, FL	
		Address		- 54 <b>2</b>	 سم
	PEMBROKE PINES FL 33	3024		PH I	
		City/State and Zip Code		프롬 ::	
	NULYFEVENTURECAPH	"AL@GMAIL.COM to be used for future annual report i		, tui co	
For further information c	oncerning this matter, please ea	·	ionineanon;		
ANDRE WALTERS		954 993-3464 at ( )			
Name o	f Person		time Telephone Number	<del></del>	
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)	Certified C	of Status &	
<u>Mailing Addres</u> Registration		Street Address: Registration :			
Division of C	Corporations	Division of C	Corporations		
P () Box 632	) <sub> </sub>	The Centre o	I Tallahaccee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NULYFE VENTURE CAPITAL LLC

company has been notified in writing of this change.

(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 JANUARY 12, 2022 and assigned Florida document number L22000026213 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NULYFE ENTERPRISES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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: (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 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

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 = N	Innager authorized Member		
Title	<u>Name</u>	Address	Type of Action
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A A R C H 20 2023	this date will r	iot be li	sted as
is filed.	: (b) The 90th	n dav af	ter the
ated MARCH 20 . 2023	·	-	
Signature of a member or authorized representative of a member			

Filing Fee: \$25.00