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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

VENIA L.S	s.G. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ndence concerning this matter	to the following:	
	Venia Laloi St Georges		
		Name of Person	
	VENIA L.S.G, LLC		
		Firm/Company	
	750 NW 133Rd St		
		Address	
	North Miami, FL 33168		
		City/State and Zip Code	
	venialstg@yahoo.com	to be used for future annual report no	ori (iontion)
			diffication)
For further information of	oncerning this matter, please c		
Nahomie Laloi		754 217-0857 at ()	
Name o	of Person	Area Code Dayt	ime Telephone Number
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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration S	Section
Division of C		Division of C	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VENIA L.S.G, LLC			
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited L. Clorida document number 1.22000166905	iability Compan	y were filed on <u>04/07/2022</u>	and assigned
his amendment is submitted to amend the following	owing:		
. If amending name, enter the new name o	f the limited lia	bility company here:	
N/A			
he new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
3. If amending the registered agent and/or agent and/or the new registered office address.		e address on our records, <u>e</u>	nter the name of the new regist
Name of New Registered Agent: Venia Laloi St		t Georges	
New Registered Office Address:	8355 S Missio	onwood Cir	
11071 1108101-04 01110-1101-000		Enter Florida street o	address
	Miramar		_, Florida 33025
	<u>-</u>	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
MGR	Nahomie Laloi		□ Add
			□Remove
		8355 S Missionwood Cir, Miramar FL 33025	■Change
			□Add
			Remove
			🗆 Add
			□ Remove
			☐ Change
			□Add
			🗆 Remove
			□Change
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e: If the date inserted in this	oust be specific and cannot be prio	cable statutory filing re	(optional) than 90 days after filing.) Pursuant equirements, this date will not b	
cord specifies a delayed effect s filed.	ive date, but not an effective t	iime, at 12:0† a.m. on i	the earlier of: (b) The 90th da	y after the
April 22	, 2022	 ·		
	Signature of a member or auth	oi Venice	st georges	
/	 Signature of a member or auth 	iorized representative of	amendoer (/	