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COVER LETTER

TO: Registration Se Division of Cor		· •	r d	
SUBJECT:	rtual Venture	Group ited Liability Company		
	Name of Enti-	пси глатну смпрану		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		Cody Hosang		
	Virtual	Venture groce		
	6010 S -falls	Circle Dr Apt 224	1 Lauderhill	FL 33319
		FL 33319		
	E-mail address: (City/State and Zip Code (+Ual VPA+UPEGOV) to be used for future annual report notif	ip @ gmastrice	SE TI
For further information c	oncerning this matter, please ca	ali:		7
Cody Name o	Hosang Person	City/State and Zip Code (+Ual Venture 9000 to be used for future annual report notif all: at (718) 510 - 4 Area Code Daytime	894 September Trible Property Control of the Contro	
Enclosed is a check for th				
∑ \$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 of Certified Copy (additional copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

Venture The Articles of Organization for this Limited Liability Company were filed on 9 - 19 - 23 Florida document number L22 COC 408271 This amendment is submitted to amend the following. A. If amending name, enter the new name of the limited liability company here: 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

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.

City

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	Type of Action
MGR	Cody Hosana	6010 Sfalls circle dr Apts	224 VAdd
	,	Lauderhill FL 33319	
			□Change
			□Add
			Remove
			□Change
			□Add
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m effectiv <u>ote:</u> If tl	date, if other than the date of filing:	
ecord sp is tiled.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ited	9 - 23 . 2007. Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	Cody Hosang	

Filing Fee: \$25.00