

L23000225275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

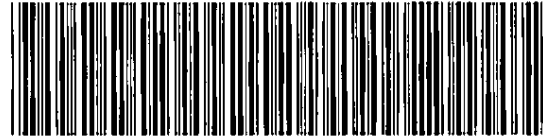
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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Office Use Only



900412053129

APPROVED  
AND  
FILED

2023 JUL 14 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

23

2023 JUL 13 PM 4:45

JUL 17 2023

Brumby



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 14, 2023

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: VG VENTURE LLC  
Ref. Number: L23000225275

We have received your document for VG VENTURE LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Missing date of signature of authorized person.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS  
Regulatory Specialist III

Letter Number: 823A00015674

2023 JUL 14 PM 3:31

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: 120210000160: \$ 25.00

Authorization Signature: 

VG Venture LLC

L230002252275

BUSINESS

DOC#

☐ Certified Copy of Articles

☐ Certificate of Status

### NEW FILINGS

- ☐ Profit Corp
- ☐ Not for Profit
- ☐ Officer/Director
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other
- ☐ **CORP**
- ☐ **LLLP**

### AMENDMENTS

- ☒ Amendment
- ☐ Resignation of R.A. or member
- ☐ Dissolution
- ☐ Change of Registered Agent
- ☐ Revocation of Dissolution
- ☐ Merger
- ☐ **Conversion**
- ☐ **Amended and restated Articles**
- ☐ **Statement of Authority**

### OTHER FILINGS

- ☐ **Trademark**
- ☐ Annual Report
- ☐ Fictitious Name
- ☐ APOSTILLE

Country

### REGISTRATION/QUALIFICATIONS

- ☐ Foreign filing
- ☐ Limited Partnership
- ☐ Reinstatement

Other

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VG VENTURE LLC

\_\_\_\_\_  
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:

RANJAN GOEL

\_\_\_\_\_  
Name of Person

VG VENTURE LLC

\_\_\_\_\_  
Firm/Company

1801 SOUTH OCEAN DRIVE SUITE E HALLANDALE BEACH

\_\_\_\_\_  
Address

FLORIDA 33009

\_\_\_\_\_  
City/State and Zip Code

SMOKEHIGHHL@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RANJAN GOEL

732 3972747  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

VG VENTURE LLC

(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 05/08/2023 and assigned  
Florida document number 1.23000225275.

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*

\_\_\_\_\_. **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

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

7/13/2023

RANJAN GOEL

Typed or printed name of signee

**Filing Fee: \$25.00**