## L23000239236

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City) State/Elph Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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06/27/23--01023--022 \*\*25.00

2023 JUN 27 PM 5: 08

1 8/10/2023

## **COVER LETTER**

Registration Section Division of Corporations

TO:

VENSI ME	EDIA LLC					
SUBJECT:Name of Limited 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:				
	VENEGAS, CAMILA					
		Name of Person				
		Firm/Company	***************************************			
	10420 VILLA VIEW CIR					
		Address				
	TAMPA, FL 33647					
	7.200	City/State and Zip Code				
	venegascamila38@gmail.ec E-mail address: (	om to be used for future annual report not	ification)			
For further information of	oncerning this matter, please c	all:				
CAMILA VENEGAS		813 8421666 at ()				
Name o	f Person		ne Telephone Number			
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres Registration 5		<u>Street Address:</u> Registration Se	ection			
Division of Corporations		Division of Co	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VENSI MEDIA LLC

2023 JUN 27 PH 5: 08

( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appea ida Limited Liability Company)	irs on our records.)	Signature of the second
The Articles of Organization for this Limited Liability	Company were filed on $\frac{05}{1}$	5/12/2023	and assigned
Florida document number <u>L23000239236</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company h	ere:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the o	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	ORESS)		<del></del>
	<del> </del>	<del></del>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register		records, <u>enter the nam</u>	e of the new registered
agent and/or the new registered office address here	:		
Name of New Registered Agent:			
	<u> </u>	<del></del>	
New Registered Office Address:	Enter Flo	orida street address	
		, Florida	
	City	, Piorida	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:		
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete performance of agent as provided for in ( red office address, I here	f my duties, and I am fo Chapter 605, F.S. Or,	amiliar with and if this document is

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

AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR CAMILA VENEGAS		10420 VILLA VIEW CIR TAMPA, FL 33647	
			□Remove
		<del></del>	☐ Change
			Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
		<del></del>	□Add
			Remove
			Change
<del></del>			□ Add
		<del></del>	□Remove
			Change
			Remove
			□Change

. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
	· · · · · · · · · · · · · · · · · · ·
Note: If t	date, if other than the date of filing:
cord is filed.	
Dated	Clarify John Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	CAMILA VENEGAS  Typed or printed name of signee

Filing Fee: \$25.00