L2400080462

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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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08/03/24

COVER LETTER

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TO: Registration Section

Division of Cor	porations		
	VENTURES LLC		
SUBJECT:	Name of Line	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JULIAN PORRAS		
		Name of Person	
	PORTEUS VENTURES L	LC	
		Firm/Company	·
	7901 4th STREET N SUIT	TE 300	
		Address	
	ST PETERSBURG, FLOF	RIDA 33702	
		City/State and Zip Code	
	PROJECTS@PORTEUSRI		
	E-mail address: (to be used for future annual report not	itication)
For further information c	oncerning this matter, please c	all:	
JULIAN PORRAS		786 836-3665	
Name o	f Person	at ()	ne Telephone Number
Enclosed is a check for the	ne 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 S	Section	Street Address: Registration Se	
Division of C P.O. Box 632	•	Division of Co The Centre of	•
Tailahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PORTEUS VENTURES LLC	ny as it now annears on our records	<u> </u>
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)	<u>ت</u>
he Articles of Organization for this Limited Liability Company	were filed on 02/14/2024	and assigned
lorida document number L24000080462		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	529 SW 4th ST # 305	
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FLORIDA 33130	
		<i>i</i> ,
nter new mailing address, if applicable:	529 SW 4th ST # 305	3: 00 FFE: 00
Aailing address MAY BE A POST OFFICE BOX)	MIAMI, FLORIDA 33130	т О
· · · · · · · · · · · · · · · · · · ·		
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	address on our records, <u>enter t</u>	the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Flo	orida 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	DANIEL J GONZALEZ ALVARE	855 BARRON AVE B12	= Add
		REDWOOD CITY, CA 94063	□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			Remove
			☐ Change
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			□Add
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Filing Fee: \$25.00