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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : 120060000135 Phone : (305)789-3200 : (305)789-4137 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: fdemirbulak@yahoo.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VENESIS LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VENESIS LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit		and assigned
This amendment is submitted to amend the following	<b>;</b>	
A. If amending name, enter the new name of the l	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 AD	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAX BE A POST OFFICE BOX		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office address on our records, <u>enter the</u> re:	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Floruia street uddress	
<u> </u>	, Florid	
	Cin-	Zip Cade

## 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	HAKAN DEMIRBULAK	150 WEST FLAGLER ST.	≣Add
		SUITE 2200	□Remove
		MIAMI, FL 33130	
			□Add
			□Remove
			□Change
			□Remove
			□Change
	<u></u>		
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ffective date, if other an effective date is listed, lote: If the date insert ocument's effective date	ed in this block doe	s not meet the	applicable star	mory manager	un ements, mis	nal) iling.) Pursuant to date will not be	605.020' listed as
record specifies a dela l is filed.	yed effective date, l	out not an effe	ctive time, at 1	2:01 a.m. on t	ne earlier of: (b)	The 90th day a	ifter the
December 17		2024					
	<u>,                                    </u>	$\overline{1}$	<del></del>				
	•	ANOU "				·	

Fiting Fee: \$25.00