

L2400036781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

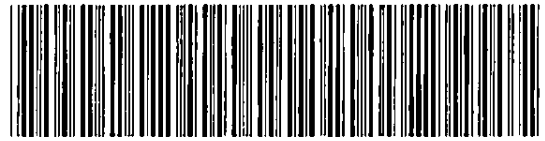
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200435544252

SR 08/24-0141-001 \*\*25.00

FILED  
2024 SEP -3 AM 6:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

AB



**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

VENTURE POINT CAPITAL LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2024 SEP -3 AM 6:46

SECRETARY OF STATE  
TALLAHASSEE, FL  
and assigned

The Articles of Organization for this Limited Liability Company were filed on 08/20/2024

Florida document number L24000365787

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**

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>                 | <u>Type of Action</u>                      |
|--------------|-------------------|--------------------------------|--|
| MGR          | PIETER VAN STADEN | 228 NORTH PARK AVENUE, SUITE K | <input type="checkbox"/> Add               |
|              |                   | WINTER PARK, FL 32789          | <input checked="" type="checkbox"/> Remove |
|              |                   |                                | <input type="checkbox"/> Change            |
| MGR          | PHILIP BEYTELL    | 3345 SHERERTZ RD               | <input checked="" type="checkbox"/> Add    |
|              |                   | LAKELAND, FL 33810             | <input type="checkbox"/> Remove            |
|              |                   |                                | <input type="checkbox"/> Change            |
|              |                   |                                | <input type="checkbox"/> Add               |
|              |                   |                                | <input type="checkbox"/> Remove            |
|              |                   |                                | <input type="checkbox"/> Change            |
|              |                   |                                | <input type="checkbox"/> Add               |
|              |                   |                                | <input type="checkbox"/> Remove            |
|              |                   |                                | <input type="checkbox"/> Change            |
|              |                   |                                | <input type="checkbox"/> Add               |
|              |                   |                                | <input type="checkbox"/> Remove            |
|              |                   |                                | <input type="checkbox"/> Change            |

