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Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations			
en de de zve	VENTURE POINT CAPITAL LLC				
SUBJECT:		Name of Lim	ited Liability Company	.	
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.		Status & - 7
Please return	all correspo	ndence concerning this matter	to the following:		
		PIETER VAN STADEN			
			Name of Person		
		VENTURE POINT CAPIT	'AL LLC		
Firm/Company					
228 NORTH PARK AVENUE, SUITE K					
Address					
		WINTER PARK, FL 3281	4		
			City/State and Zip Code	<u> </u>	
		PIETERVANSTADEN08@			
		E-mail address: ()	to be used for future annual rep	ort notification)	
For further in	nformation co	oncerning this matter, please ca	ill:		
PIETER VAN STADEN		407 961-	1070		
	Name of	f Person	Area Code	Daytime Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee. Certificate of Statu Certified Copy (additional copy is encl	
	iling Addres		Street Add		
Registration Section Division of Corporations			Registration Section Division of Corporations		
	D. Box 632			e of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

FILED

VENTURE POINT CAPITAL LLC

2024 SEP -3 AM 6: 46

(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 Liabil	lity Company w	ere filed on 08/20/202	TĂ	LLAHASSEE, FL and assigned, FL
Florida document number L24000365787		ere med on		and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	<u>e limited liabili</u>	y company here:		
The new name must be distinguishable and contain the words	s "Limited Liability	Company," the designation	on "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A.	(DDRESS)			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOY	X)			
	·			
B. If amending the registered agent and/or registagent and/or the new registered office address he		dress on our records	enter the name	of the new registered
Name of New Registered Agent:				
New Registered Office Address:				
New Negistered Office Address.		Enter Florida stree	t address	
_			, Florida	Zip Code
		City		Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:			
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this change	ind complete pe ed agent as pro istered office ac	erformance of my du ovided for in Chapte	ties, and I am fo r 605, F.S. Or, i	miliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	PIETER VAN STADEN	228 NORTH PARK AVENUE. SUITE K	□ Add
		WINTER PARK, FL 32789	≡ Remove
			□Change
MGR	PHILIP BEYTELL	3345 SHERERTZ RD	= Add
		LAKELAND, FL 33810	□Remove
			□Change
			□Add
			□Remove
			□Change
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an effecti lote: If	e date, if other than the date tive date is listed, the date must be sp the date inserted in this block don's effective date on the Departr	ecific and cannot be prior to ses not meet the applical	o date of filing or more than	. 90 days after filing.) Pursua	nt to 605.0207 t be listed as
record s Lis filed	specifies a delayed effective date 4.	, but not an effective tin	ne, at 12:01 a.m. on the o	earlier of: (b) The 90th (day after the
ated	AUGUST 28	2024			
		/ Stack -			
	Signa	tule of Amember or author	ized representative of a me	mber	
	,				

Filing Fee: \$25.00