

H220002815553

Florida Department of State
 Division of Corporations
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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : HAND ARENDALL HARRISON SALE LLC
 Account Number : 120190009128
 Phone : (850)760-3434
 Fax Number : (850)769-6121

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

Email Address: jcampfield@handfirm.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 VERO BUILDING SYSTEMS LLC**

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2022 Aug. 19 Fri 1:23

APPROVED
 AND
 FILED
 2022 AUG 19 AM 8:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

AUG 22 2022
 C. Brumblay

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COVER LETTER

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**TO: Registration Section
Division of Corporations**

SUBJECT: VERO BUILDING SYSTEMS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANNETTE RUBIN
Name of Person
VERO BUILDING SYSTEMS LLC
Firm/Company
PO Box 582
Address
Shalimar FL, 32579
City/State and Zip Code
jeampfield@handfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANNETTE RUBIN at (850) 287-6637
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

MailingAddress:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

StreetAddress:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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VERO BUILDING SYSTEMS LLC

(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 Liability Company were filed on 08/11/2022 and assigned Florida document number 122000354533.

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: HAND ARENDALL HARRISON SALE, LLC

New Registered Office Address: 35008 EMERALD COAST PKWY, STE. 500

Enter Florida street address

DESTIN, Florida 32254

City

Zip Code

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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.

DocuSigned by:

Dian J. Manig

C624361266A740B

If Changing Registered Agent, Signature of New Registered Agent

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MANAGING AUTHORIZED PERSON(S) AUTHORIZED TO MANAGE, ENTER THE TITLE, NAME, AND ADDRESS OF EACH PERSON BEING ADDED OR REMOVED FROM OUR RECORDS:

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANNETTE RUBIN	763 BOULEVARD OF THE CHAMPIONS	<input type="checkbox"/> Add
		SHALIMAR, FL 32579	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	1+6A, LLC	PO Box 582	<input checked="" type="checkbox"/> Add
		Shalimar, FL 32582	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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