

L05000096353

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 NOV -3 PM 3:26

FILED

C. LEWIS
NOV 4 2008
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VETERAN'S DISTRIBUTION NETWORK, 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:

VIRGIL L. COLDEN
(Name of Person)

VETERANS DISTRIBUTION NETWORK, LLC
(Firm/Company)

5425 NORTH 59TH STREET
(Address)

TAMPA, FLORIDA 33610
(City/State and Zip Code)

For further information concerning this matter, please call:

VIRGIL L. COLDEN at (813) 505-5314
(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)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2008 NOV -3 PM 3: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VETERAN'S DISTRIBUTION NETWORK, 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 SEPTEMBER 30, 2005 and assigned Florida document number L05000096353.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

VETERANS DISTRIBUTION NETWORK, LLC

The new name must be distinguishable and end with 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)

VETERANS DISTRIBUTION NETWORK, LLC

P. O. BOX 294

DOVER, FLORIDA 33527

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JOE WILSON	8638 MANASSAS ROAD TAMPA, FLORIDA 33635	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	BERYL COLDEN	2622 AL SIMMONS ROAD DOVER, FLORIDA 33527	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ARTICLE VI. THE NUMBER OF MEMBERSHIP UNIT SHARES AUTHORIZED:

1,000,000 @ .001 PER UNIT SHARE. THE AMOUNT OF UNIT SHARE OWNERSHIP

EXPRESSED AS A PERCENTAGE OF 1244 MEMBERSHIP UNITS IS:

VIRGIL L. COLDEN, PRES, 48.5% / LAWRENCE A. QUAMINA, VP SALES, 36%,

JOE A. WILSON, DIR OPS, 10% / REGGIE TIM, 5% / BERYL A. COLDEN, 0.5%.

Dated OCTOBER 30, 2008

Virgil L. Colden

Signature of a member or authorized representative of a member

VIRGIL L. COLDEN, CEO/PRESIDENT

Typed or printed name of signee

2008 NOV -3 PM 3:26
 FILED
 HALL COUNTY, FLORIDA
 REGISTRAR