Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 : (800)906-9220

Fax Number : (800)906-9880

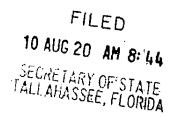
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

SAL@ACS123.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NATIONAL VETERANS DISABILITY ADVOCATES LLC

Certificate of Status	0		
Certified Copy	1		
Page Count	03		
Estimated Charge	\$55.00		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



NATIONAL VE					
(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 Lie Florida document numberL10000019		were filed on	February 19, 201	O and assigned	
This amendment is submitted to amend the follo	wing:			·	
A. If amending name, enter the new name of	the limited liab	ility company h	ere:		
The new name must be distinguishable and end with "L.L.C."	n the words "Lim	ited Liability Com	pany," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:		4511 North Himes Avenue			
(Principal office address MUST BE A STREET ADDRESS)		Suite 100			
		Tampa, Flo	rida 33614	·	
	•	•	•		
Enter new malling address, if applicable:		4511 North Himes Avenue			
(Mailing address MAY BE A POST OFFICE BOX)		Suite 100			
		Tampa Florida 33614			
B. If amending the registered agent and/or registered agent and/or the new registered off	er registered of Nec-address her	Tice address on <u>e</u> :	our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:	Registered Agent Solutions, Inc.				
New Registered Office Address:	155 Office Plaza Drive, Sulte A Enter Florida street address				
	Ţ	allahassee	, Florida	32301	
		City		Zip Code	
New Registered Agent's Signature, if changing R	egistered 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, goter or Managing Member heing added or removed from our records: MGR = Manager MGRM = Managing Member Namo Address Type of Action .∏ Add ∐ Remove Add Remove Add Remove ☐ Add ☐ Remove ∏Add Renzo ∏Add ∐Remove D. If smeading any other information, enter change(s) here: (Attach additional sheets, if necessary.) Article V of the Articles of Organization is hereby deleted in its entirety. TALLAHASSEE, FLOR AUG 20 AM 8: August 2010 airly D'aabilly Advocates LLC, Son Member, Sy: Heavy J. Shelar M Typed on printed hause of signes

> Page 2 of 2 Filing Fee: \$25.00