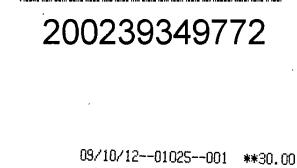


(Re	equestor's Name)	
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SECRETARY OF STATE ALLAHASSEE, FLORION

G. MCLEOD
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**EXAMINER** 

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJE	ECT:	Veritas Assı	urance Group, LLC	
			ted Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
			Kimberly Crane	
		•	Name of Person	
		Verila	as Assurance Group, LLC	,
			Firm/Company	
		E. Ocean Ave. Suite #103		
			Address	···
		ynton Beach, Fl. 33435		
		City/State and Zip Code		
		E-mail address: (1	njmcgoey@aol.com to be used for future annual report not	ification)
For fur	ther information co	oncerning this matter, please c	all:	
		berly Crane	at (_561 )	288.3651
	Name of	Person	Area Code & Dayti	me Telephone Number
Enclos	ed is a check for th	e following amount:		
\$25	i.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)
		NG ADDRESS:	STREET/COUR Registration Sect	RIER ADDRESS:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Veritas Assurance Group, 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 02/01/2011 and assigned L11000013056 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Veritas Legal Plan, 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) 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 City

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>	Address	Type of Action		
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			Remove		
			AddRemove		
			<del></del>		
D. If amen	ding any other information,	enter change(s) here: (Attach additional sheets, if necessor	ary.)		
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	•				
Dated	September 7				
		// /			
	Signature	of a member or authorized representative of a member			
		Angelo Anzalone Typed or printed name of signee			
		Typed of printed name of signee			

Page 2 of 2

Filing Fee: \$25.00