L14000038963

(Req	uestor's Name)	
(Add	ress)	
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(City/	/State/Zip/Phon	ne #)
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COVER LETTER

Division of C	Corporations		
SUBJECT:	VERITAS PEO LLC		
	Name of Lir	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corre	spondence concerning this matter	r to the following:	
	CHAR	LES LAMANTIA	
		Name of Person	
	VER	ITAS PEO LLC	
		Firm/Company	
	104 B	AYARD STREET 4TH FLR	
		Address	
	N	EW BRUNSWICK, NJ 08901	·
		City/State and Zip Code	
		ΓΙΑ@VERITASHR.COM (to be used for future annual report notif	fication)
For further informatio	n concerning this matter, please c	all:	
TONY LAM	ANTIA	at (_917)545-8230)
Nam -	e of Person	Area Code Daytime	e Telephone Number
Enclosed is a check fo	r 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)
· MA	ILING ADDRESS:	STREET/COURL	ER ADDRESS:

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

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VERITAS PEO LLC		
(<u>Name of the Limited Liability</u> (A Flonda	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number $\frac{L14000038963}{L14000038963}$	Company were filed on 03/07/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	(ESS)	<u> </u>
•		
Enter new mailing address, if applicable:		3 0 1
(Mailing address MAY BE A POST OFFICE BOX)	 	
		<u></u>
		5 6
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florid	я
	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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CHARLES LAMANTIA	104 BAYARD STREET 4TH FLR NEW B	RUNSWICK, NJ 08901 Add
			□ Remove
			☐ Change
MGR	STERLING GODFREY HOLDIN	ub IK:	□ Add
			☐ Change
			☐ Change
<u></u>			□ Add ¯ or
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			Change

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CHARLES LAMANTIA		•		

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Filing Fee: \$25.00