L140000091229

(Convented Name)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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SECRETARY OF STATE
TALL AHASSEE

A. BUTLER APR 2 6 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Verland Providing Services, 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:
Puben Calles Name of Person
Film/Company
23340 Abercon Lane
LAND OLAKOS FC 34639
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Preventales at (3) 417-4624 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

Veterans Prov	idin Ser !!	LABOR - & PHC3: 1
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our reco Liability Company)	THE TARY OF STATE
The Articles of Organization for this Limited Liability Company Florida document number <u>L/400009/228</u> .	were filed on 6/6/1	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L	LC" 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 agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	
	City	Florida Zip Code
Now Designated Agent's Cignoture if shanging Designated Agents		

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 arrending 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>	Address	Type of Action
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ffecti	ive date, if other than the date of filing: (optional)
an eff	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ocum	ent's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is fil	led.
	2/2/ 2622
ated	3/31 2022
	Signature of a member or authorized representative of a member
	Rulon Collos
	Typed or printed name of signee

Filing Fee: \$25.00