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## **COVER LETTER**

	gistration Sec vision of Corp			
		tional Property Services, LLC		
SUBJECT	:	Name of Limi	ted Liability Company	<u>-</u>
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspor	idence concerning this matter t	to the following:	
		Ruben M. Calles		
			Name of Person	
		Veterans National Property	Services	
			Firm/Company	·
		112 Myrtle Ridge Road.		
		<u> </u>	Address	
		Lutz, Florida 33549		
			City/State and Zip Code	
		ruben@vetnps.com		, <del></del>
			to be used for future annual report notifi	cation)
For further	information co	ncerning this matter, please ca	alt:	
Ruben M.	Calles		813 417-4624	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
\$25.00	Filing Fee	S30.00 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

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) (Liability Company)		
The Articles of Organization for this Limited Liability Companiflorida document number $\frac{1.14000109337}{1.14000109337}$ .	y were filed on 7/10/2014	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	oility 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)			_ <del>_</del> 55
		<del></del>	<del>- 2</del> 2
Enter new mailing address, if applicable:		2	95 JS ASWI
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
			<u> </u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		ယ n <u>ter the name</u>	of the
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	-	
	Emer raorida sireci adaress		
	, Florid	aZip Code	
	/ +1++	Intinto	

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>	Address	Type of Action
MGR	Michael Swenson	12008 Hope LN	Add
		Tampa, FL 33618	Remove
			Change
MGR	Thayne W Swenson III	112 Myrtle Ridge Road	
		Lutz, FL 33549	<b>De</b> Remove
			☐ Change
			Remove
			Change
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Typed or printed name of signee

Filing Fee: \$25.00