

L14000182061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 FEB - 8 PM 4:18

MAY 12 2016
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2016

CHARLES P REGO
7965 SW 99 STREET
MIAMI, FL 33156

SUBJECT: VETERANS GENERAL SERVICES LLC
Ref. Number: L14000182061

We have received your document for VETERANS GENERAL SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 216A00002772

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 FEB - 8 PM 4: 18

24 February 2016

7965 SW 99 Street
Miami, FL 33156

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Mrs Young,

I just received the enclosed letter regarding reforming the letter I submitted. I was not interested in dissolving the LLC only withdrawing myself from the LLC. The forms you sent me were for dissolution of the LLC itself. is that the correct form? I want to make sure before I mail it back.

Best regards,


Charles Rego

RECEIVED
2016 FEB 29 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 FEB -8 PM 4:18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VETERANS GENERAL SERVICES, LLC
Name of Limited Liability Company

RECEIVED
2016 MAY -9 PM 1:10
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARLES REGO

Name of Person

VETERANS GENERAL SERVICES

Firm/Company

100 7965 SW 99 ST

Address

MIAMI, FL 33156

City/State and Zip Code

CREGO58@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLES REGO

Name of Person

at

(786)

Area Code

210-4584

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 FEB -8 PM 4:18

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

VETERANS GENERAL SERVICES, 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 _____ and assigned Florida document number 214000182061.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain 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

_____, Florida _____
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>	<u>Type of Action</u>
MGR	CHARLES REGO	7965 SW 99 ST	<input type="checkbox"/> Add
		MIAMI, FL 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
10 FEB 88 PM 4:18

16 FEB -8 PM 4:10

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 FEB - 8 PM 4:18

(If an effective 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 605.0207 (3)(b)

If the record 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 record is filed.

Dated 2 May, 2016

Signature of a member

Signature of a member or authorized representative of a member

CHARLES P. ROGO

Typed or printed name of signee