## 1500089349

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## **COVER LETTER**

	Registration Section Division of Corporations					
eun ir c	US Militar	y Maintenance First Coast, LL	.c			
SUBJEC	1:	Name of Lim	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspo	ndence concerning this matter	to the following:			
		Laurie M. Lee				
			Name of Person	·		
		Elevate Business Law, PA				
Firm/Company						
	4446-1A Hendricks Avenue, Suite 353					
			Address	<del></del>		
		Jacksonville, FL 32207				
			City/State and Zip Code	<del> </del>		
		kevin@veteranseliteservice	s.com to be used for future annual report notif	(antion)		
For furthe	r information c	oncerning this matter, please co	·	icanon)		
Laurie M	. Lee		904 860-3111 at ()_			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed i	s a check for th	e 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)		

TO:

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

US Military Maintenance First Coast, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records Liability Company)	<u>s.</u> )
ne Articles of Organization for this Limited Liability Company orida document number L15000089349	were filed on May 20, 2015	and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
eterans Elite Services, LLC		
ne new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	25 N. Market Street	
Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32202	# <b>7</b>
		ASSE ASSE
nter new mailing address, if applicable:		THE IN
Mailing address MAY BE A POST OFFICE BOX)		SIAI (ORIDA
		<b>2</b>
If amending the registered agent and/or registered of gistered agent and/or the new registered office address here.  Name of New Registered Agent:		, enter the name of the
N. D. St. (100%) Address.		
New Registered Office Address:	Enter Florida street address	5
	, Flo	orida
	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 **Title** <u>Name</u> **Address Type of Action** N/A □ Add ☐ Remove ☐ Change □ Add \_□ Remove ☐ Change **P**Add \_□ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add □ Remove

☐ Change

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fective date, if other than	the date of filing: e must be specific and cannot be prior to date of filing or more than	(optional)	- caa - (a) a )
ote: If the date inserted in th	e must be specific and cannot be prior to date of fitting or more than a list block does not meet the applicable statutory filing require the Department of State's records.	ements, this date will not be list	5.0207 (3)(6) ted as the
e record specifies a dela The 90th day after the	ayed effective date, but not an effective time, a record is filed.	t 12:01 a.m. on the earli	erof
ated May 17	2017		
MI	2262		
	Signature of a member or authorized representative of a mer	mber	
	Kevin Copeland		
	Typed or printed name of signee		

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Filing Fee: \$25.00