L160000 60109

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e#)
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TALLAHASSEE, FLORIDA

APR 18 TOTE

J. HARRIS

COVER LETTER

то:	Registration S Division of Co						
SUBJE		VETERE, LLC					
SUBJE	VI:	Name of Lim	ited Liability Company				
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all corresp	ondence concerning this matter	to the following:				
		JENNIFER A. JONES, CF	'A				
		 	Name of Person				
	ACCOUNTING UNLIMITED, INC						
			Firm/Company				
			Address				
		CROFTON, MD 21114					
		City/State and Zip Code jjones@accountingunlimited.net					
E-mail address: (to be used for future annual report notification)							
For furth	er information of	concerning this matter, please ca	all:				
JENNIFER A. JONES, CPA 239 333-0806							
	Name o	of Person	Area Code Daytime	: Telephone Number			
Enclosed	i is a check for t	he following amount:					
3 \$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)			

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

SOUTHERN EMPIRE, LLC						
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document number L16000060109	were filed on 03/21/2016	and assigned				
Florida document number						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	oility company here:					
DAMON VETERE, LLC						
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" of	or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	SAME ADDRESS					
(Principal office address MUST BE A STREET ADDRESS)		·				
		3 0 5				
Enter new mailing address, if applicable:	SAME ADDRESS					
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, e:	enter the name of the new				
		-				
Name of New Registered Agent:		<u> </u>				
New Registered Office Address:						
	Enter Florida street address					
	, Flor					
	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

IGR= M	angger		
MBR = A	uthorized Member		
<u>itle</u>	Name	Address	Type of Action
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			☐ Remove
			Change
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Filing Fee: \$25.00