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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: VENTICATION GYAM ULC 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:
Alcua Swallerg Name of Person
Verifications Grup WC Firm/Company
711 Se 1st Way, Svitele
DECYFEND BEACH, FL 37441 City/State and Zip Code
City/State and Zip Code OCCUM SWANDOW & DYOCA COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Altera Suntera at (Su) 303 - 5989 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Status Status Scriffied Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status Scriffied 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 ARTICLES OF ORGANIZATION **OF**

TO
ARTICLES OF ORGANIZATION / // 🛌
ARTICLES OF ORGANIZATION OF Verification Gray LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
Story Pro
Verification Grap LLC MEGATION Ph 2:
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
$\sim 10^{-10} M_{\odot}$
The Articles of Organization for this Limited Liability Company were filed on
Florida document number <u>U\0000 83 5\</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
V. D. I.
Verifications Group LLC
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 contractions and the new contractions are contracted as a second contraction of the new contractions are contracted as a second contraction of the new contraction o
registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
Enter riorida street adaress
, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Mecha Surdivora	111 Se 1st Way \$6 Devented Beach, Fr 33441	D Add
	7	Aunfield Beach, Fr 33441	□ Remove
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Filing Fee: \$25.00