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DIVISION OF CORPORATION

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## **COVER LETTER**

TO:	Registration Section Division of Corpor			
SUBJE	ст: <u>Veter</u>		Service -	uc_
The end	losed Articles of Am	endment and fee(s) are subm	itted for filing.	
Please r	eturn all corresponde	nce concerning this matter to	the following:	
		Ryan	Lof-HS Name of Person	
		Vetero	Firm/Company	Jenice.
		2935	Roselawa	Dr
		Holic	City/State and Zip Code	34691
	-	Veterantre	Service LLC (c be used for future annual rep	amail.cm
For furt	her information conc	erning this matter, please call	<b>:</b>	
(	Ryan L Name of Per	oftis	at ( <u>727</u> ) <u>3</u> Area Code	03-4272 Daytime Telephone Number
Enclose	ed is a check for the fo	ollowing amount:		
\$25	.00 Filing Fee (	□ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclose	□ \$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

Veteran ree (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) lability Company)		
The Articles of Organization for this Limited Liability Company of Florida document number 1700183939.	201-01	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abb	previation "L.L.C."	
Enter new principal offices address, if applicable:	_2235 Koselawo	, Dr	
(Principal office address MUST BE A STREET ADDRESS)	Holiday, FL 341	االاص	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2235 Roselawn Holiday, FL 346	<u>Dr.</u> 31	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the no	<u>ew</u>
Name of New Registered Agent:		<u>~~~~</u>	
New Registered Office Address:	Enter Florida street address	3 CORPOR	
	, Florida	Zip Cale Gr	
New Registered Agent's Signature, if changing Registered Agent:	V.iiy	Zip Come Z	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am for rovided for in Chapter 605, F.S. Or, a	amiliar with and if this document is	lie

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 **Type of Action Address Title** Name Caleb C. Settle 898 Crosley Dr. Dunedin FL 34698 ☐ Change Kyan Loftis 2235 Roselawn Dr. WAdd AMBR. Holiday, FL 34691 ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove Change □ Add ☐ Remove ☐ Change

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ective date, if other than the deflective date is listed, the date must be: If the date inserted in this block ument's effective date on the Department of the process of t	e specific and cannot be prior does not meet the applicantment of State's records	r to date of filing or more cable statutory filing	requirements, this date w	rill not be listed
record specifies a delayed of the 90th day after the recor		ot an effective tir	ne, at 12:01 a.m. o	n the earlie
ted 08/14	<u> 2018</u>	<u></u>	0 65	
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Filing Fee: \$25.00