# LECOSICAS

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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# **COVER LETTER**

TO: Registration Se Division of Cor			
Verax Con	sulting, LLC		
SUBJECT:			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Timothy Kane		
		Name of Person	
	Verax Consulting, LLC		
		Firm/Company	
	PO Box 5172		
		Address	
	Largo, FL 33779		
		City/State and Zip Code	(
	timkane@hotmail.com		AL 2018
For further information of	F-mail address: ( oncerning this matter, please c	to be used for future annual report notificatell:	AHASSEE. F
Timothy Kane		480 205-4995 at ()	See To
	f Person	Area Code Daytime T	Telephone Number 27 27 25 25 25 25 25 25 25 25 25 25 25 25 25
Enclosed is a check for the	-		
\$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

Verax Consulting, LLC	
( <u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) Iorida Limited Liability Company)
The Articles of Organization for this Limited Liabil	ity Company were filed on 2/26/2018 and assigned
Florida document number L18000051093	
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	limited liability company here:
Verax Insurance Consulting, 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 A	DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	NO TARREST TO THE PART OF THE
B. If amending the registered agent and/or a registered agent and/or the new registered office	registered office address on our records, enter the name of the ne
registered agent and/or the new registered office	
Name of New Registered Agent:	35 ADA
New Registered Office Address:	Enter Florida street address
	Enter Fioriaa 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			☐ Change
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			Remove
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ective date, if other that effective date is listed, the date: If the date inserted in ument's effective date on	ate must be specific this block does r	c and cannot be price of meet the appli	cable statutory f	or more than 90 days		
record specifies a de he 90th day after th			ot an effectiv	e time, at 12:	01 a.m. on th	ne earlier
2/28 ed		2018				
	Zan	, ~l	·			
		<u> </u>	norized representa			

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Filing Fee: \$25.00