

L18000110342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2018 JUN 20 PM 4:45  
TALLAHASSEE, FLORIDA

B FIGUEROA

JUN 22 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 7, 2018

TORREY CAMPLBELL  
823 S CHURCH ST #5309  
GREENVILLE, SC 29601

SUBJECT: VETO LLC  
Ref. Number: L18000110342

We have received your document for VETO LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 418A00011920

RECEIVED  
2018 JUN 20 PM 12:02  
DIVISION OF STATE

[illegible]

**TO: Registration Section  
Division of Corporations**

SUBJECT: Veto, LLC  
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:

Torrey Campbell

Name of Person

Veto, LLC

Firm/Company

823 South Church St #5309

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Address

Greenville/SC 29601

City/State and Zip Code

torrey.campbell@vetobrand.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

torrey campbell	239	227-1617
_____	at ( _____ )	_____
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the 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)

## 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**

Veto, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/2/18 and assigned  
Florida document number L18000110342.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Veto Brands, 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)

877 W Minneola Ave #121154

Clermont, FL 34712

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

877 W Minneola Ave #121154

Clermont, FL 34712

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

~~Veto Brands, LLC~~ Torrey Campbell

New Registered Office Address:

877 W Minneola Ave #121154

Enter Florida street address

Clermont

City

Florida 34712

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Teray Smith	877 W Minneola Ave	<input type="checkbox"/> Add
		#121154	<input type="checkbox"/> Remove
		Clermont FL 34712	<input checked="" type="checkbox"/> Change
AMBR	Torrey Campbell	877 W minneola Ave	<input type="checkbox"/> Add
		#121154	<input type="checkbox"/> Remove
		Clermont FL 34712	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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2018 JUN 20 PM 4:45  
DEPT OF STATE  
CLASSIFIED

FILED  
2019 JUN 20 PM 4:45  
CLERK OF DISTRICT COURT  
CLARK COUNTY, NEVADA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Torrey Campbell

Typed or printed name of signee