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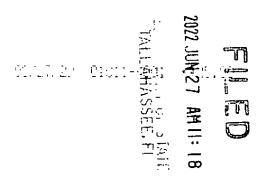
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: Vec	itas Restor	ad Liability Company	
		Previous no	ine: Madison Brook
			Holdi
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Laura W	Name of Person	2022 JU
	Veritas Ra	Firm/Company	DOZZ JUN 27 AM II: I
	233 Ram	sex bour	AM III - 18 SEEL FILL
	Freefort,	City/State and Zip Code	<u>-</u>
	auva NO	leritus restora	ation. COM
For further information of	oncerning this matter, please ca	II:	
	) ichern of Person		E Telephone Number
Enclosed is a check for t	he 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 Addre		Street Address:	otion
Registration Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Veritas Restoration	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u> </u>	3
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here: ∞
Madison Brooke Holding The new name must be distinguishable and contain the words "Limited Liabing"	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	233 Ramsey Brunch Rd.
(Principal office address MUST BE A STREET ADDRESS)	Freeport, The 30737
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	233 Ramser Branco Rd. Freeport, Fr. 32439
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	idress on our records, <u>enter the name of the new registered</u>
	n Wilhern
New Registered Office Address: 25 (	Kamsey Brunch Rd.  Enter Florida street address
Free	Port Florida 37439  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.

In 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>	Type of Action
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			□Remove
			□Change
			□Add
			□Remove 2022
			2022 Change No. 1 Add No.
			☐ Remove
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-	Signatu	re of a me	ember or a	uthorized	represent	ative of a	member				