

W18000134783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

M.H.



900389919169

FILED
2022 JUN 27 AM 11:18
TALLAHASSEE, FL
CLERK OF DISTRICT COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Veritas Restoration, LLC
Name of Limited Liability Company

Previous name: Madison Brooke Holdings, LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laura Wichern
Name of Person

Veritas Restoration, LLC
Firm/Company

233 Ramsey Branch Rd.
Address

Freeport, FL 32439
City/State and Zip Code

lauraw@veritasrestoration.com
E-mail address: (to be used for future annual report notification)

FILED
2022 JUN 27 AM 11:18
TALLAHASSEE, FL

For further information concerning this matter, please call:

Laura Wichern at (850) 499-5190
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Veritas Restoration, LLC

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

FILED
2022 JUN 27 AM 11:18
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 5/30/18 and assigned
Florida document number L18000134783

This amendment is submitted to amend the following:

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

Madison Brooke Holdings, 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)

233 Ramsey Branch Rd.
Freeport, FL 32439

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

233 Ramsey Branch Rd.
Freeport, FL 32439

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:

Laura Wichern

New Registered Office Address:

251 Ramsey Branch Rd.

Enter Florida street address

Freeport, Florida 32439

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.

Laura Wichern

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>
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 JUN 27 AM 11:18
TALLAHASSEE, FL
U.S. FORT

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

FILED
2022 JUN 27 AM 11:18
CLERK OF THE COURT
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 6/20/22 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated

6/20 . 22

Signature of a member or authorized representative of a member

Mark Wichern

Typed or printed name of signee