## 1900000903

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APPROVED AND FILED

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## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:V	terans Lic Name of Line	hthouse Electided Liability Company	raic LLC		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Rober	Name of Person	<u> </u>		
For further information	E-mail address: (concerning this matter, please ca	Firm/Company  Jedgeffel  Addreks  Ulle Z  City/State and Zip Code  to be used for future annual report notinall:	DBIVI  ZZII  fication)	2019 APR 24 PM 2: 14	FILES
Kobert	T TWRNER	at (SOT) Area Code Daytim	5 W 5 70 L e Telephone Number		
Enclosed is a check for t	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 Sta Certified Copy (additional copy is ea	atus &	
MAII	LING ADDRESS:	STREET/COURI	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Veter	Liability Company and now appears on our records.)
	Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number 190009	SUSS. and assigned
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of the	he limited liability company here:
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicah	ole:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	OX)
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the mame of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida 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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u>MGR</u>	Robert LTURNER IV	2549 Wedgefield Blud	Add
		2549 Wedgefield Blud Jacksonville F132	Remove
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			Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
20 19 P
FILE PR 24
E. Effective date, if other than the date of filing:  (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  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 4/25 2014
Signature of a member or authorized representative of a member
Robert L Turrer Typed or printed name of signee

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Filing Fee: \$25.00