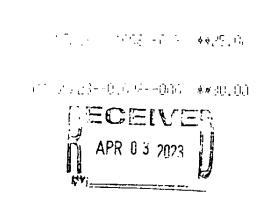
## L19000247804

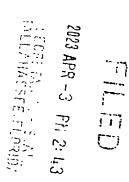
(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status MAPR U 3 2023	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL
Certified Copies Certificates of Status	(Business Entity Name)
	(Document Number)
Special Instructions to Filing-Officer APR U 3 2023	Certified Copies Certificates of Status
	Special Instructions to Filing-Officer- APR U 3 2023

Office Use Only



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A. RIVERS MAY 2 3 2023

## **COVER LETTER**

TO: Registration Section

Division of Cor	porations		
NONPROF	IT BUILDERS OF FLORIDA	LLC	
SUBJECT: MONTHO	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Adolphus Parker		
		Name of Person	
	NONPROFIT BUILDERS	OF FLORIDA LLC	
		Firm/Company	
	3902 E. 21st Ave		
		Address	
	Tampa, FL 33605	City/State and Zip Code	
	nonprotitbuilders@gmail.co	ın	
		to be used for future annual report not	ification
For further information c	oncerning this matter, please c	atti.	
Adolphus Parker		at (813 ) 5164768 Area Code Daytin	<u></u>
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fce	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		<u>Street Address:</u> Registration So	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 6327		The Centre of	Tallahassee
Tallahassee, FL 32314		2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NONPROFIT BUILDERS OF FL		
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on 10/	doz/2019 and assigned
Florida document number L19000247804	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :
Veteran Movers USA LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the do	esignation "LLC" or the abbreviation "L,L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE		
Timelpur office dual ess most be restrict.		
	<del>-</del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
		023
		APR T
B. If amending the registered agent and/or	registered office address on our re	ecords, enter the name of themew register
agent and/or the new registered office addr	ess here:	
Name of New Registered Agent:	Bennie Calvin Jr.	[63] 2:
New Registered Office Address:	3902 E 21ST AVENUE	़िं के
rica registered office riddress.	Enter Flor	ida street address
	Tampa	, Florida <sup>33605</sup>
	City	22. 27. 1

## 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.

HEtanging 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

Title	Name	Address	Type of Action
MGR	Bennie Calvin Jr.	3902 E 21ST AVENUE TAMPA FL 33605	■Add
			□Remove
			Change
			🗀 Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Add
			□Remove
			□Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
ne reco ord is fi	rd 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 iled.
Dated	March 30 2023 Hollan
	Signature of a member or authorized representative of a member
	Adolphus Parker
	Typed or printed name of signee