## L20000063641

(Re	questor's Name)	-
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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10/18/20

## **COVER LETTER**

TO: Registration Se Division of Cor		*		
Veritas Cor	mmercial Capital LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	James Vestal			
		Name of Person		-
	Verdad Commercial Capit	al LLC		
		Firm/Company		7826 784
	3046 Enisglen Dr.			SEP
		Address		EP-8
	Palm Harbor, Fl. 34683			P-8 PM
	james@verdadcomcap.com	City/State and Zip Code		2020 SEP -8 PM 3: 20
	E-mail address: (	to be used for future annual report no	ufication)	
For further information c	oncerning this matter, please c	all:		
James Vestal		727 424-9988		
Name o	f Person		me Telephone Numbe	r.
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
Mailing Addres Registration S Division of C	Section	Street Address: Registration Se Division of Co		
P.O. Box 632		The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Veritas Commercial Capital LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records ability Company)	<u></u> )
The Articles of Organization for this Limited Liability Company of	were filed on	and assigned
Florida document number L20000063641		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Verdad Commercial Capital LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		15 20 Th
		E S
	-	第一节 二
Enter new mailing address, if applicable:		887
(Mailing address MAY BE A POST OFFICE BOX)		P. P.
maning undress MAT BE A TOST OFFICE BOAT		
	<del></del>	3: 20 3: 20
B. If amending the registered agent and/or registered office and and/or the new registered office address here:	ddress on our records, <u>enter t</u>	
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
	. Flo	rida
<del></del>	City	Ziv 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>	Address	Type of Action
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□Change  Z020  Z0
			SS A
			PH Dechange
			□Remove
			□Change
			□Add
		···	□Remove
			□Add
			□Remove
			□ Change

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Signature of a member or authorized representative of a member	1-Ville								1/1/L	/	

Filing Fee: \$25.00