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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
		5/6/21 TM



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Office Use Only

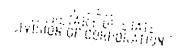
## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 1-101000 able Veteras Truchios ILC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sear Olean Name of Person
Horocade Velerans Truching LC
4174 Great Falls 100P
Cityssian and Zip Code
Honorable Veterastructurgue @gmail.co
For further information concerning this matter, please call:
Name of Person at (9d) 335 0575  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 & Certificate Of Status □ \$55.00 Filing Fee & Certificate Of Status Certificate Of Status & Certificate Of Status

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



The Articles of Organization for this Limited Liability Company were filed on 11/09/9020 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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.

Cire

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 = Ma AMBR = Au	nager thorized Member	UNISION OF CONFORMING	
<u>Title</u>	Name	Address ZI MAR 17 AM 10: 58	Type of Action
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		Middleburg, FL	□Remove
		32068	XChange
AMBR	191419 assel	4174 Great Falls Loop	□Add
V		Middleburg, FL	⊟Remove
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mending any other information, enter change(s) here: (Attach o	additional sheets, if necessary	名(in Table TONEONATION
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ective date, if other than the date of filing:	ing or more than 90 days after tinng.)	Pursuant to 605.0
ord specifies a delayed effective date, but not an effective time, at 12:0 filed.	I a.m. on the earlier of: (b) The	e 90th day after
Teoryary 26 2021		
Signature of a member or authorized representations	entative of a member	
124:20:00e21		