

L21 000 098 549

(Requestor's Name)

(Address)

(Address)

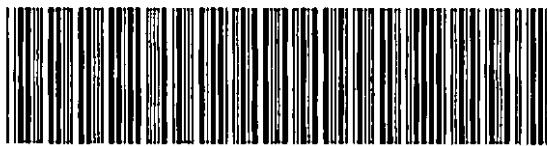
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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09/20/22--01008--009 4425.00

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22 SEP 20 AM 9:05

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COVER LETTER

**TO: - Registration Section
Division of Corporations**

SUBJECT: Veteran Help Group LLC.
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:

Salim Lopez Name of Person

Name of Person

Veteran help group LLC.
Firm/Company

Firm/Company

8422 Boca Glades blvd. East
Address

Address

Boca Raton FL 33434
City/State and Zip Code

City/State and Zip Code

Salim the executive@gmail.com
E-mail address: (to be used for future annual report notification)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Salim Lopez at (718) 664-4855
Name of Person Area Code Daytime Telephone Number

THE HISTORY OF
THE COLONIAL
GOVERNMENT OF
THE UNITED STATES

Enclosed is a check for the following amount:

1

\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$6...

\$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**

Veteran help group LLC.

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

The Articles of Organization for this Limited Liability Company were filed on Feb 16, 2022 and assigned Florida document number 6517764710CC.

This amendment is subm L21 000 098 549

A. If amending name,

d liability company here:

The new name must be distin

d Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal of

(Principal office address MUST BE A STREET ADDRESS)

8422 Boca glades blvd. EAST
Boca Raton FL 33434

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

22 SEP 20 AM 9:05

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Salim Lopez</u>	<u>8422 Boca glades blvd.E</u>	<input checked="" type="checkbox"/> Add
		<u>Boca Raton FL 33434</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>George Julio Valencia</u>	<u>11321 67th place NORTH</u>	<input checked="" type="checkbox"/> Add
		<u>West Palm Beach FL 33412</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

THE HISTORY OF
THE CHINESE

2P SEP 20 AH 8:05

E. Effective date, if other than the date of filing: 9/8/22 (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 September 9, 2022

Salim Topuz

Signature of a member or authorized representative of a member

Salim Lopez

Typed or printed name of signee