

L21 000 098 549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

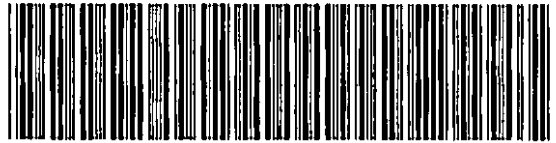
(Document Number)

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[Signature]



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09/20/22--01009--009 **25.00

22 SEP 20 AM 9:05
RECEIVED BY COURT CLERK

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

Veteran help group LLC.

Firm/Company

8422 Boca Glades blvd. East

Address

Boca Raton FL 33434

City/State and Zip Code

Salimtheexecutive@gmail.com

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

For further information concerning this matter, please call:

Salim Lopez

Name of Person

at (718)

Area Code

664-4855

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 & 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

22 SEP 20 AM 9:05

**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 6517764710 CC

This amendment is subm 221 000 098 549

A. If amending name, d liability company here:

The new name must be distir

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

City

Florida

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

22 SEP 20 AM 9:05
FILED
CLERK OF COURT
CLERK OF COURT

MGR = Manager
AMBR = Authorized Member

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

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.

Dated September 9, 2022

Salim Lopez
Signature of a member

Signature of a member or authorized representative of a member

Salim Lopez

Typed or printed name of signee

Filing Fee: \$25.00