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2021 NOV 24 PH 3: 50

COVER LETTER

O: Registration Section Division of Corporations
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:
Verolica Lopez Name of Person Verolo News, LLC Firm/Company
6790 NW 1844 St ZZZ
Haloah FL 33015
Verolo 2 ad 1 Cloud "Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Veronica Lopez at (786) 406-4585 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: Second Filing Fee Second Filing Fee & Certified Copy (additional copy is enclosed) Second Filing Fee, Certified Copy (additional copy is enclosed) Certified C
Mailing Address: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

VEROLO NEWS LLC

2021 NOV 24 PM 3: 50

The Articles of Organization for this Limited Liability Company were filed on	(Name of the Limited Liability Comp. (A Florida Limited	any ay it now appea	rs on our records
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 "L.L.C." 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 registe agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	The Articles of Organization for this Limited Liability Company		07/04/2021 and assigned
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 registe agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address	This amendment is submitted to amend the following:		
Enter new principal office 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 registe agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	A. If amending name, enter the new name of the limited liab	pility company h	<u>ere</u> :
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 registe agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the	designation "LLC" or the abbreviation "L.L.C."
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	Enter new principal offices 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	(Principal office address MUST BE A STREET ADDRESS)		
(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			
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	Enter new mailing address, if applicable:		
Name of New Registered Agent: New Registered Office Address: Enter Florida street address			
Name of New Registered Agent: New Registered Office Address: Enter Florida street address			
Name of New Registered Agent: New Registered Office Address: Enter Florida street address	B. If amending the registered agent and/or registered office	address on our r	ecords, enter the name of the new register
New Registered Office Address: Enter Florida street address	agent and/or the new registered onice agos and		
Enter Florida Street address	Name of New Registered Agent:	 +	
City Sip Code	New Registered Office Address:	Enter Flo	rida street address
City Zip Code			Florida
		City	Zip Code
	I haraby accept the appointment as registered agent and agr	ree to act in this	capacity. I further agree to comply with

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 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		Type of Action
Manager	Veronica lopez	6790 NW 1864 St 222 Hulen	h WAdd
			_ Remove
			_ □Vqq
			□Remove
			□Change
			_ DAdd
			🗆 Remove
			_ □Change
			— □Vqq
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			_ □Add
			Remove
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			C) Chapus

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Note:	ve date, if other than the date of filing:
e recore rd is fil	I 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 ed
Dated _:	11/16/2021
	Signature of a meluber of authorized representative of a member
	Veronica Lopez

Filing Fee: \$25.00