## 121 000390120

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FALLAHASSEE, FLORIDA

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S. PRATHER

## **COVER LETTER**

Division of Cor			
Veda Grod	up, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	David Cavallo		
		Name of Person	
	Veda Group, LLC		
		Firm/Company	<del></del>
	4016 Aloe Path		
		Address	<del></del>
	Boynton Beach, FL 334	36	
	double walls 12@ all	City/State and Zip Code	
	davidcavallo12@gmail.co	orn to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
David Cavallo		561 757-9931	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		,
□ \$25.00 Filing Fee	S30.00 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, FL32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Veda Group, LLC			22 AF	
(Name of the Limited	APR A	_		
(4	A Florida Limited	Liability Company)	27 27 NAY SSEI	ار 1 – ا
The Articles of Organization for this Limited Lia	were filed on September 1, 2021	and assigned	Ċ	
Florida document number L21000390120				
	<u> </u> •		IO: 48	
This amendment is submitted to amend the follow	This amendment is submitted to amend the following:			
A. If amending name, enter the new name of	the limited liah	sility company here:		
,				
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "L IC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:		1032 E Brandon Blvd, #1231		
(Principal office address MUST BE A STREET		Brandon, FL 33511		
Enter new mailing address, if applicable:		1032 E Brandon Blvd, #1231		
(Mailing address MAY BE A POST OFFICE BOX)		Brandon, FL 33511		
B. If amending the registered agent and/or reagent and/or the new registered office address	-	address on our records, enter the nam	e of the new register	e₫
Name of New Registered Agent:	Virtual Post Solutions, Inc.			
New Registered Office Address:	1032 E Brand	don Blvd		
		Enter Florida street address		
	Brandon	, Florida 33	3511	
		City	Zin 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>	<del></del>	□ Add
			□ Remove
			□Change
			□Remove
			☐ Change
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			□ Remove
			☐ Change

D. 11 amendii 	ng any other information, enter change(s) here: (Attach additional sheets, if necessary	<i></i>		
<del></del>				
		<del></del>		
(If an effective Note: If the	ate, if other than the date of filing:	il) 1g.) Pursuant to 605.02 te will not be listed a	07 (3)(tas the	)
f the record spe ecord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after th	c	
Dated	118 2022	TA.	2	
-	David Cavallo	E Cha LLAI	022 A	
-	Signature of a member or authorized representative of a member	SECRETARY OF	2022 APR 27 AH 10:	-, <u>-, -, -, -, -, -, -, -, -, -, -, -, -, -</u>
<u> </u> _	David Cavallo		7 AF	FILED
	Typed or printed name of signee	STAT	10:	

Filing Fee: \$25.00