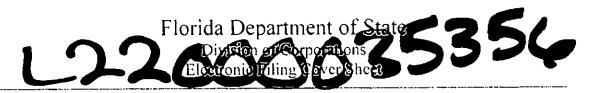
Division of Corporations



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08

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JUN 1 0 2022

K. Brumbley

COVER LETTER

TO: Registration Se Division of Cor				
VETERAN	SVALETTRASHLLC			
SUBJECT: Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are subr	nisted for filing		
Please return all correspo	ndence coocerning this matter t	o the following		
	Cheyenne Moseley			
		Name of Person		
	Legalzoom com, Inc.			
		Firm/Company		
101 N Brand Blvd 11th FI				
		Address		
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	VeteransValetTrash@gmail	Cuty/State and Zip Code		
	E-mail address. (t	to be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please ca	all:		
Cheyenne Moseley		800 773-0888		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 To:

ARTICLES OF AMENDMENT T()ARTICLES OF ORGANIZATION OF

LegalZoom.com, Inc.

VETERANS VALETTRASH LLC		
(Name of the Limited Liability Compa-	ns as it now appears on our recor- liability Company)	<u>d.</u> 1
The Articles of Organization for this Limited Liability Company Florida document number 1,22000035356	were filed on 01/18/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Veterans Valet Trash LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L1	C" 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 of registered agent and/or the new registered office address here	Mice address on our record	ds, enter the name of the new
Name of New Registered Agent		
New Registered Office Address:	Enter Florida street oddo	
	City , F	Torida - 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

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MGR = Manager AMBR = Authorized Member			
Title	Name	Address	Type of Action
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To:

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Effective	date if other than the date of filing: (00tional)
Note: If	date, if other than the date of filing: (optional) we date is listed, the date must be specific and cannot be prior to date of filing or more than 50 days after filme.) Pursuant to 505 0007 (if the date inserted in this block does not meet the applicable stantory filing requirements, this date will not be listed as dit's effective date on the Department of State's records.
the reco) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated _	June 7th , 2022.
	The state of the s
	Signature of a member or authorized representative of a member
	Anthony García
	Typed or printed name of signee

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Filing Fee: \$25.00