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2022 APR -4 PM 4: 05

of 4/18/2022

COVER LETTER

TO:

Registration Section
Division of Corporations

Veritas Res	alty LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Justin Munizzi		
	-	Name of Person	
	The Munizzi Law Firm		
		Firm/Company	
	101 N. Woodland Blvd., S	Suite 601	
		Address	
	DeLand, FL 32720		
		City/State and Zip Code	
	Justin@MunizziLaw.com		
	E-mail address: (to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	all:	
Justin Munizzi		407 718-2289 at ()	
Name o	f Person		e 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 S Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2022 APR -4 PM 4: 05

Ventas Realty, LLC		
(Name of the Limited Liability Co	ompany as it now appears on our recited Liability Company)	ords:)
(A Florida Lim	ned Cladiny Company)	TALL INCSEE, FL
The Articles of Organization for this Limited Liability Comp	pany were filed on 02/21/2022	and assigned
lorida document number L22000095282		 •
lorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
VERITAS REALTY SERVICES, LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter now principal offices address if applicables		
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRESS</u>	<u> </u>	
Inter new mailing address if annlicable:		
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Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered offigent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street ada	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			
			Remove
			□Change
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lf an efi <u>Note:</u>	we date, if other than the date of filing:
e recor d is fi	d 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	03/29/2022
	W0500-
	Signature of a member or authorized representative of a member
	William F. Christen
	Typed or printed name of signee

TO:11 TO 00.50