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SECRETARY OF SIALLO

COVER LETTER

	gistration Se vision of Cor			
SUBJECT:	Vetex, LLC			
SUBJECT.		Name of Limi	ted Liability Company	
		Amendment and fee(s) are sub-		
Please retur	n all correspo	ndence concerning this matter t	to the following:	
		Stephen Ellsworth		
			Name of Person	·
		Vetex, LLC		
			Firm/Company	1.
		9203 Bunting Rd		
			Address	
		Weeki Wachee, FL 34613		
			City/State and Zip Code	
		ellsworth77@gmail.com		·
		E-mail address: (t	o be used for future annual report not	ification)
For further	information c	oncerning this matter, please ca	ill:	
Stephen El	Isworth		336 250-7735 at ()	
	Name o	f Person	Area Code Daytin	ne 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 Address: 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

Vetex, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on March 24, 2022	and assigned
Florida document number 1.22000145083		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	fity Company," the designation "LLC" or th	e 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)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	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

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>	<u>Address</u>	Type of Action
AMBR	Stephen N Ellsworth	9203 Bunting rd	□Add
•		Weeki Wachee, Fl. 34613	□Remove
			□ Change
AMBR	Jack D Fulford	9803 Woodland Hills Way	□ Add
		Tallahassee, FL 32309	□Remove
			Change
			DAdd
			Remove
			□Change
			bbA⊡
			Remove
			□Change
			□Add
			□Remove
			□Change
			bdd
			□Remove
			□ Change



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