## L22000512977

Office Use Only



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## **COVER LETTER**

	gistration Se vision of Cor			
SUBJECT	Vero You I	LC		
SUBJECT		Name of Lin	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Shirley McCullough		
			Name of Person	
			Firm/Company	
		6803 N Wellington Ave		
			Address	
		Tampa FL 33604		
			City/State and Zip Code	
		mcculloughshirley2@gmai		
For further	information c	oncerning this matter, please c	to be used for future annual report no all:	uncation)
Shirley Mc	Cullough		904 480-5988 at ( )	
	Name o	f Person		ne Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres egistration S		Street Address: Registration Se	ection
	-	forporations	Division of Co	
	O. Box 632		The Centre of	
18	illahassee, I	TL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AGLO LOUITEY		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
Γhe Articles of Organization for this Limited Liability Company	v were filed on 12/6/2022	and assigned
Florida document number L22000512977		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
Veroyou LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or th	e abbreviagin "L.L.C."
Enter new principal offices address, if applicable:		72 A T
(Principal office address MUST BE A STREET ADDRESS)		2 2
		25 <b>m</b>
		SEE 3 U
Enter new mailing address, if applicable:		FA 23
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the n	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	· ————————————————————————————————————
	, Florida	
<del></del>	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
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			□Remove
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