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## **COVER LETTER**

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TO: Registration Section Division of Corporation		••		•	
•					
SUBJECT: VE Platform	LLC				
	Name of Lim	ited Liability Company			
					20
The enclosed Articles of Ame	endment and fee(s) are sub-	mitted for filing.		 - - -	2023 AUG 2 <b>9</b>
Please return all corresponde	nce concerning this matter	to the following:		3	2
·	-	_			
					AH
	George Sleeman			_	ထွ
		Name of Person			80
	Tax Man To You, LLC				
-	TAX MAIL TO TOU, LLC	Firm/Company		_	
		· ····· · · · · · · · · · · · · · · ·			
	2930 N Academy Bl	vd Ste 100			
-		Address		_	
	Colorado Springs	Colorado	80917		
•		City/State and Zip Code		_	
S	tephanie@taxmantoy	ou.com			
-	E-mail address: (	to be used for future annual r	eport notification)		
For further information conce	erning this matter, please ca	all;			
George Sleeman		at (719 ) 64	6-2999		
Name of Per	rson	Area Code	Daytime Telephone Numb	<u></u>	
Enclosed is a check for the fo	llowing amount:				
☑ \$25.00 Filing Fee [	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy  (additional copy is enclosed)	Certific	Filing Fee. ate of Sta d Copy	
				al copy is en	:closed)
Mailing Address:		Street Ad			
Registration Section of Com			tion Section		
Division of Corp P.O. Box 6327	rotatiOHS		of Corporations  Itre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VE Platform LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 7/14/2023 and assigned Florida document number \_L23000335187 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

\_, Florida \_

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
Mgr	Eileen C Dina	10035 Rockridge Road, Lakeland, FL 33810	□Add
			⊠Remove
Mgr	BWH Ventures Limited	7 35-37 Ludgate Hill, London, England, EC4M	7JN ØAdd
		-	□Remove
		= :: = ::	
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If the date inserted in this b	e date of filing:	(options or more than 90 days after y filing requirements, this	<b>nal)</b> filing.) Pursu date will no	ant to 605 of be list
ord specifies a delayed effectiviled.	ve date, but not an effective time, at 12:01	a.m. on the earlier of: (b)	The 90th	day afte
08/21	, 2023			
	Signature of a member or authorized representations.	A 14		

Filing Fee: \$25.00