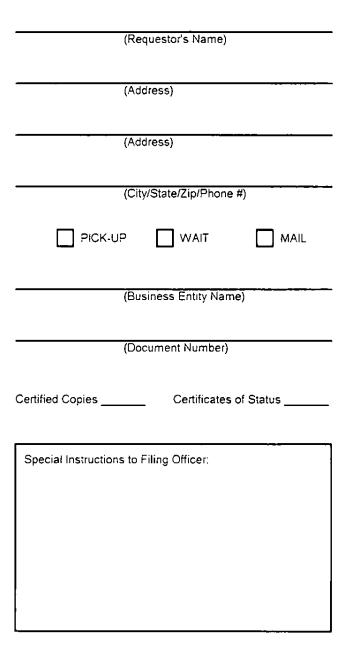
L23 000 335 187

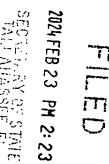


Office Use Only



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COVER LETTER

		istration Se ision of Cor			;
	~	¥E Platforn	n LLC		£
SUBJEC	١:		Name of Lim	ited Liability Company	
The encl	osed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn	all correspo	ndence concerning this matter	to the following:	
			George Sleeman		
				Name of Person	_
			TMTY LLC		
				Firm/Company	_
			2930 N Academy Blvd #10	00	
				Address	
			Colorado Springs, CO 809	017	
				City/State and Zip Code	_
			salestax@tmtyllc.com	to be used for future annual report notification)	
For furth	ier in	formation c	oncerning this matter, please co	·	
George S	Sleer	nan		719 646-2999 at ()	
		Name o	f Person	Area Code Daytime Telephone Numb	er
Enclosed	l is a	check for th	ne following amount:		
■ \$25.	.00 F	iling Pee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, eate of Status & d Copy al copy is enclosed
		ling Addres		Street Address: Registration Section	
	Div	ision of C	orporations	Division of Corporations	
). Box 632 lahassee, I		The Centre of Tallahassee 2415 N. Monroe Street, Suite	810
			· ·	Tallahassee, FL 32303	-

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 "LLC." 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 _, Florida _|

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

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
М g т	Eileen C Dina	10035 Rockridge Road, Lakeland, FL 33810	= Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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Effective	the date inserted in t	ate must be specific ar	nd cannot be prior to meet the applicab	date of filing or more the	(optional) nan 90 days after filing uirements, this date	.) Pursuant to 605.0207 (will not be listed as t
If an effect Note: If	it s effective date on					
If an effect: Note: If document	specifies a delayed ef	ffective date, but no	ot an effective tim	e, at 12:01 a.m. on th	e earlier of: (b) T	he 90th day after the
If an effect: Note: If document e record s	specifies a delayed ef l.		2024			he 90th day after the
If an effect: Note: If document re record s rd is filed	specifies a delayed ef l.		2024	e, at 12:01 a.m. on the		ne 90th day after the

. . . .

Filing Fee: \$25.00