

L23060398124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

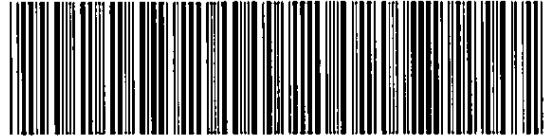
(Document Number)

Certified Copies _____

Certificates of Status _____

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2023 AUG 15 PM 4:36

R. HUNT

08/15/23

RECEIVED
2023 AUG 15 PM 4:36
REGISTRATION OFFICE
TALLAHASSEE, FLORIDA

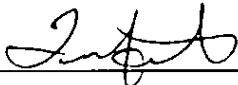
FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: I20210000160: \$25.00

Authorization Signature:  :

AVET APPEALS FOR VETERANS BENEFITS LLC

L23000378734

BUSINESS NAME

DOCUMENT #

☐ **Certified Copy**

☐ **Certificate of Status**

NEW FILINGS

☐ Profit Corp

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ LLLP

☐ CORP

☐ Other

☐ Other

AMMENDMENTS

☒ Amendment

☐ Resignation of R.A. Officer/Director

☐ **Change of Registered Agent**

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Restated Articles of Incorporation

☐ Statement of Authority

OTHER FILINGS

☐ Apostille

☐ Country

☐ Annual Report

☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Reinstatement

☐ Qualification

☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AVET APPEALS FOR VETERANS BENEFITS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GARREN S. CONE

Name of Person

AVET APPEALS FOR VETERANS BENEFITS LLC

Firm/Company

424 FALCON AVE SUITE 254555

Address

PATRICK SPACE FORCE BASE, FLORIDA 32925

City/State and Zip Code

GSC_AVETAPPEALS@YAHOO.COM

E-mail address: (to be used for future annual report notification)

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
2023 AUG 15 PM 12:40

For further information concerning this matter, please call:

GARREN S. CONE

321 373-7046
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

AVET APPEALS FOR VETERANS BENEFITS 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 8/11/2023 and assigned
Florida document number L23000378734.

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 AUG 15 PM 12:40

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 _____
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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

1. The following is a list of the names of the persons who have been appointed to the various positions in the Division of Corporations, State of New York, for the year 1900.

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

AUTHORIZED Person Detail - GARREN S. CONE Changed from CEO to AMBR

2023 AUG 15 PM 12:40
SECRETARY OF STATE
DIVISION OF CORPORATIONS

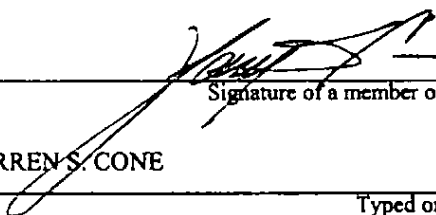
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated AUGUST 15, 2023



Signature of a member or authorized representative of a member
GARREN S. CONE

Typed or printed name of signee