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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Fmail	Address:			



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VERITAS TRADING LLC

Certificate of Status	0
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Page Count	04
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M. SOLOMON

JUN 26 2024

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Help

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6/26/2024 07:40:39 PDT To: 18506176383 Page: 2/4 Fax: 813436520

ARTICLES OF AMENDMENT

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The r r	TO	
Tri .	ARTICLES OF ORGANIZATION?	
•	OF	
<u>.</u> *	Or	,
-		
Veritas Trading LLC		
(Name o	f the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
	(A Flortda Limited Liability Company)	
P		
he Articles of Organization for this 1	imited Liability Company were filed on 03/08/24	and assigned
lorida document number L240001190		
iorida document number	······································	
This amendment is submitted to amen-	d the following:	
ans ancuament is submitted to afficie	d the following.	
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A. It amending hame, enter the new	name of the limited liability company here:	
he new name must be distinguishable and co	main the words "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
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Enter new principal offices address,	if applicable:	
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Enter new mailing address, if applic	able:	
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Mailing address MAY BE A POST (TETUE BUX)	· · · · · · · · · · · · · · · · · · ·
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	and/or registered office address on our records, enter the	name of the new register
gent and/or the new registered offi	ce address here:	
Name of New Registered Ag	ent:	
New Registered Office Addr		
	Enter Florida street address	

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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

Zip Code

6/26/2024 07:40;39 PDT To: 18506176383 Page: 3/4 Fax: 813436520

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
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