## P17000027226

(Re	equestor's Name)			
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Veterans	Loading and Delivery Services	lne
DOCUMENT NUMBER: P17000087	226	
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Colby Rai	ναη	
<del></del>	Name of Contact Person	
	Firm/ Company	
400 Marsh	Point Cir.	
Cl o	Address	
_ St. Qugushr	City/ State and Zip Code	
	becknissan.com  d for future annual report notification)	
For further information concerning this matter, please	call:	
Colby Ravan Name of Contact Person	at (386) 546 - 6028  Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made page 1	ayable to the Florida Department of State:	
\$35 Filing Fee \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

ticles of Incorp of

Veterans Loading and Delin	ur v Services LLC.
(Name of Corporation as currently t	iled with the Florida Dept. of State)
16676000114	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Veterans Loading and Delivery Serviname must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	"company," or "incorporated" or the abbreviation with a professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TILED
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address;	s in Florida, enter the name of the
Name of New Registered Agent	<del></del>
(Florida street	address)
New Registered Office Address:	, Florida
	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.  istered Agent, if changing
signature of New Keg	isterea Agent, ij changing

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary),

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	Y	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add		<del></del>		
Remove				
3)Change				
Add		<del></del>		
Remove				
-				
4) Change				
Add				
Remove				
5) Change				
Add		<b>-</b>		
Remove				
Kelliove				
6) Change		<del>_</del>		
Add				
Remove				

ttach <i>additional she</i>	eets, if necessary)	. (Be specific)				
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an amendment provisions for impl (if not applicable	ovides for an exc ementing the am le, indicate N/A)	change, reclassi tendment if not	fication, or cand contained in the	cellation of issue e amendment its	ed shares. self:	
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective data if annlicable	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dedocument's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 20170406 4/6/17	
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other cou appointed fiduciary by that fiduciary)	
Colby Ravan (Typed or printed name of person signing)	
(Title of person signing)	