## P19000072663

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SEGRETARY OF STATE

SEP 2 3 2021 S. PRATHER

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	VETERAN CLA!M ON:	FXPERTS INC		
DOCUMENT NUMBER:	P19000072663			
The enclosed Articles of An				
Please return all correspond	ence concerning this matt	ter to the following:		
EFRAIN VEGA VALLE				
		(Name of Contact P	erson)	
VETERAN CLAIM EXPE	RTS INC			
		(Firm/ Compan	y)	
5545 POTENZA DRIVE				
		(Address)		
SAINT CLOUD, FLORIDA	A 34771			
		(City State and Zip	Code)	
EFRAIN5769@GMAIL.CO	DM .			
ь	-mail address: (to be use	d for future annual re	port notification	1)
For further information cond	erning this matter, please	e call:		
EFRAIN VEGA VALLE				689-2038
· · · · · · · · · · · · · · · · · · ·	(Name of Contact Persor	at 1)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	following amount made p	ayable to the Florida	Department of	State:
■ S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□3+3.75 Filing Fee Certified Copy (Additional copy) enclosed)	Certi <i>t</i> i is Certifi	O Filing Fee locate of Status led Copy lional Copy is lised)
Mailing A	ddraec	٥.	mont talding n	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment

to

Articles	ef	Incorp	oration
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	A maintain of	To Commowstice					
	Articles of	Incorporation of		,	<b>F</b> 00	29	
VETERAN CLAIM EXPERTS INC		J.				121 S	
Name of Corporation as currently filed with the	Florida Dep	it. of State)			<u> </u>	Ť	-17
P19000072663					55 X	10	
(Docum	ent Number (	of Corporation (if	known)	<del>-</del>	rio_	 <b>A</b>	
		•			ين ج	=	•
Pursuant to the provisions of section 617.1006, Flor	rida Statutes,	this Florida Not	For Profit Corpora	itton adopts u		111947	
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:					D III	8	
A. If amending name, enter the new name of the	corporation	<u>ı:</u>					
					The n		
name must be distinguishable and contain the word		n" or "incorpora	ted" or the abbrevi	ation "Corp.	" or "Inc	a. "	
"Company" or "Co." may not be used in the name	<u>.</u>						
B. Enter new principal office address, if applica	<u>ble:</u> _						
(Principal office address MUST BE A STREET A	DDRESS )						
					_		
C. Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE	<u>BOX</u> )						
	_						
	-					<del></del>	
D. If amending the registered agent and/or regis	stered office	address in Flori	da, enter the name	of the			
new registered agent and/or the new register	ed office add	lress:					
Name of New Registered Agent:	EFRAIN VI	EGA VALLE					
	5545 POTE	NZA DRIVE					
			tFlorida street address	,			
New Registered Office Address:							
	SAINT CLO	DUD		Florida <u>3477</u>	!		
		(City)		(Zip Code)			
New Registered Agent's Signature, if changing I	Registered A	gent:					
I hereby accept the appointment as registered agen	t. Lam famil	liar with and acco	ept the obligations	of the position	n,		
	υl						
	_/\M^						
	\ \\Sign	ature of New Reg	istered Agent, if ch	anging			
	V						

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 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 X Remove A Add	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>P</u>	PABON, MARCOS NIEVES	2980 CLIPPER COVE LANE APT 101
X Remove			KISSIMMEE, FL 34741
2) Change Add	<u>P</u>	EFRAIN VEGA VALLE	5545 POTENZA DRIVE SAINT CLOUD, FL 34771
Remove  3 ) Change Add Remove			
4) Change Add	<del></del>		
Remove  5) Change Add Remove			
6) Change Add			
Remove  E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

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date of each amendment(s) adoption	9-1-2021					, if other than
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this document was signed.						
9-1-2021						
ctive date <u>if applicable</u> :						_
	no more than	90 days after i	amendment	file date)		
e: If the date inserted in this block does	anot mant the	anniicable cto	tutory filing	ramiramanta	this date will	not he listed as the
ument's effective date on the Departmen	and meetine	appireable sta	tatory ming	requirements	, this date Will	not be noted as the

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

Adoption of Amendment(s)

was/were sufficient for approval.

There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
Dated	9-1-2021
Signature	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

2021 SEP 10 AM 7: 18
SECRETARY OF STATE