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(Address)				
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## **COVER LETTER**

TO:	Registration Se Division of Cor	ection porations				
SUBJEC	TT:	C Dougl	ass Izard, LLC			
			ted Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
			C Douglass Izard			
			Name of Person			
Firm/Company						
	13858 Windsor Crown Ct E					
		.lack	sonville FL 32225-267	22		
		- Color	City/State and Zip Code			
		E-mail address: (1	doug@izard.us o be used for future annual repor	t notification)		
For furth	er information c	oncerning this matter, please c	all:			
		Doug Izard	at (_904_)	221-8558		
Name of Person		Area Code & E	Daytime Telephone Number			
Enclosed	l is a check for the	ne following amount:				
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	\$60.00 Filing Fee, Certificate of Status & Closed) Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/CO Registration Division of C Clifton Build	Corporations			

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

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			10 4110 -	
,			TO AUG 20	AM 11: 28
Nama as the Umited Liebille	JLASS IZAKU, L		Significant Control	7 O
(Name of the Limited Liability (A Florida	Limited Liability Company	y)	THE AHASSE	E, FLORIDA
The Articles of Organization for this Limited Liability	Company were filed on	February	22, 2006	and assigned
Florida document number LO6 000 19	810			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company	<u>here</u> :		
VIRTUAL REALT	Y AND MANAGEMI	ENT, LLC		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Co	mpany," the de	signation "LLC	or the abbreviation
Enter new principal offices address, if applicable:	<del></del>			
(Principal office address MUST BE A STREET ADD	RESS)		·	
	***************************************			
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>			
B. If amending the registered agent and/or regi		on our recor	ds, <u>enter the</u>	name of the new
registered agent and/or the new registered office an	uress neit.			
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida	a street addres:	5
			Florida	
<del></del>	City	·		Zip Code
New Registered Agent's Signature, if changing Register	ed 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 608, 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager .MGRM = Managing Member						
Title	<u>Name</u>	Address Type of Action				
		Add Remove				
		Add Remove				
<del></del>		AddRemove				
	······································	Add Remove				
	W - W	AddRemove				
	. <del></del>	AddRemove				
D. If amer	nding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)				
- - -		FILED 10 AUG 20 AM II: 22 SECRETARY OF STATE FALLAMASSEE, FLORID				
Dated	August 4	2010				
~	, <u> </u>	Darek of Land				
	Signature of a men	nber of authorized representative of a member				
		C Douglass Izard				
	Tv	ped or printed name of signee				

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Filing Fee: \$25.00