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SECRETARY OF STATE
TALL AHASSEE

D. BRUCE

MAY 29 2009

**EXAMINER** 

#### **COVER LETTER**

Division of Co	rporations					• ,
SURJECT. Virtuose	o Capital, L.L.C.					
SUBJECT.		nited Liability Company)				
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.		•		
Please return all correspondent	ondence concerning this matter	to the following:				
	Travis A. Engebretsen					
		(Name of Person)				
	Virtuoso Capital, L.L.C.					
		(Firm/Company)				
	Florida State University, I		· -			
		(Address)				
	Tallahassee, FL 32313	(City/State and Zip Code)	<u> </u>	īAL	0	
		(Only) basic and Exp Code)		ECRI	09 МА	<b>الدائية</b>
For further information of	concerning this matter, please o	all:		TARY	MAY 28	FILED
Travis A Engebretsen		at ( 772 ) 919-1074		Y OF	PH	П
(Name	of Person)	(Area Code & Daytime T	elephone Numbe	STATE	3: 08	O
Enclosed is a check for the	he following amount:			Ā'''	-	
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Fili Certifical Certified (addition	te of Sta l Copy		osed)

**MAILING ADDRESS:** 

TO:

**Registration Section** 

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 23, 2009

TRAVIS A ENGERBRETSEN PO BOX 63774 TALLAHASSEE, FL 32313

SUBJECT: VIRTUOSO CAPITAL, L.L.C.

Ref. Number: L08000043146

O9 MAY 28 PM 3: 08
SECRETARY OF STATE
TALLAHASSEF FIGURE

We have received your document for VIRTUOSO CAPITAL, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 609A00013691

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company)	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on _	April 30, 2008 and assigned
Florida document number <u>L08000043146</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u>
The new name must be distinguishable and end with the words "Limited Liability Con"L.L.C."	npany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	OS SE
(Principal office address MUST BE A STREET ADDRESS)	CORE HA
	TARY ASSEE
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	ORIDA
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here	our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address)
	, Florida

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 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.

(City)

(Zip Code)

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

	Name	<u>Address</u>	Type of Action
GRM_	James Doran	461 Meadow Ridge Drive Tallahassee. FL 32312	Add Remove
			Add Remove
			Parmaya
			Add Remove
<del></del>			Add Remove
			Add
<del>.</del>		-	
If amend	ing any other information, ente	er change(s) here: (Attach additional sheets, if neo	<del></del>
. If amend	ing any other information, ente		09 MAY 28  SECHETARY ALLAHASSE
If amend			cessary.)

Page 2 of 2

Filing Fee: \$25.00