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## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: VIRTUAL 6 LOBAL REALTY LLC  Name of Limited Liability Company						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
JEFFREY RAYNOR Name of Person						
VINTUAL GLUBAL NEALTY Firm/Company						
790 JUNO OCEAN WALK #601 Address						
JUNU BEACH FL 33408  City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Row Bill at (561) 262 - 0673  Name of Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$ Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)						

MAILING ADDRESS: 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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		PECKETAN	Y OF STATE SEE, FLORIDA
VINTUAL GLOGAL	REALTY LI	LC TALLAHASS	EE FLORIDA
VINTUAL GLOGAL  (Name of the Limited Liability Com (A Florida Limite	pany as it now appo	ears on our records.)	——· LONIUA-
The Articles of Organization for this Limited Liability Compa	any were filed on $\_$	1/27/2009	and assigned
Torida document number <u>L 09 0 0 0 0 0 887</u> 0	<b>,</b>		
This amendment is submitted to amend the following:			
This amendment is submitted to afficile the following.			
A. If amending name, <u>enter the new name of the limited l</u>	iability company h	<u>jere</u> :	
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Con	apany," the designation "	LLC" or the abbreviati
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	2		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered registered agent and/or the new registered office address		n our records, enter	the name of the no
egistered agent and/or the new registered office address	ilere.		
Name of New Registered Agent:			
New Registered Office Address:	,	Enter Florida street address	
		F1	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Age	_		·· <b>x</b> · = - •
New Registered Agent's Signature, if Changing Registered Age			
I hereby accept the appointment as registered agent and	agree to act in this	s capacity. I further as	gree to comply with
he provisions of all statutes relative to the proper and co	mplete performan	ice of my duties, and I	am familiar with a

If Changing Registered Agent, Signature of New Registered Agent

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 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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
m6R	DARREN R 6010	TEIN 338 CANAVELLE ON JUPITEN, FL 33458	Add Remove
			AddRemove
			AddRemove
D. If ame	ending any other information, ent	er change(s) here: (Attach additional sheets, if	10 MAR -4 PH 12: 09  SECURCIARY OF STATE  ALLAHASSEE, FLORIDA
Dated	MARLIX 3	, 20/8	
	Signature of	antember or authorized representative of a member	•
	Signature of	JEFFREY S. RAYNOR	
		Typed or printed name of signee	······································

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