

L09010064532

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(City/State/Zip/Phone #)

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EXAMINER



400237834894

07/27/12--01014--002 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 27 PM 3:03

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Virtual Portal Ventures, 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:

Andrew Sturner

Name of Person

Orange Island Ventures, LLC

Firm/Company

2890 NE 187th Street

Address

Aventura, FL 33180

City/State and Zip Code

andy@sturner.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Sturner

Name of Person

at (305)

741-2782

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
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

FILED
SECRETARY OF CORPORATION
DIVISION OF CORPORATIONS
12 JUL 27 PM 3:03

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

Virtual Portal Ventures, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE FILINGS
12-08-27 PM 3:08

The Articles of Organization for this Limited Liability Company were filed on 7/6/2009 and assigned
Florida document number L09000064532.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

c/o Orange Island Ventures, LLC

2890 NE 187th Street

Aventura, FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o Orange Island Ventures, LLC

2890 NE 187th Street

Aventura, FL 33180

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Orange Island Ventures, LLC

New Registered Office Address:

2890 NE 187th Street

Enter Florida street address

Aventura

Florida

33180

City

Zip Code

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Orange Island Ventures, LLC	2890 NE 187th Street Aventura FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Ken LeBlanc	599 Sunset Pointe Dr Lake Placid FL 33852	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated July 24

2012

Signature of a member or authorized representative of a member

Typed or printed name of signee