

L12000102491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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D. BRUCE

OCT 26 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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12 OCT 25 PM 4: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 23, 2012

CSC
SUSIE KNIGHT

SUBJECT: VIRTUAL CREATIVE SOLUTIONS, PLLC
Ref. Number: L12000102491

RESUBMIT

Please give original
submission date as file date.

We have received your document for VIRTUAL CREATIVE SOLUTIONS, PLLC and the authorization to debit your account in the amount of \$150.00. However, the document has not been filed and is being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 812A00025987

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 299968 7898559

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : August 2, 2012

ORDER TIME : 9:0 AM

ORDER NO. : 299968-011

CUSTOMER NO: 7898559

RESUBMIT
Please give original
submission date as file date.

DOMESTIC AMENDMENT FILING

NAME: VIRTUAL CREATIVE SOLUTIONS,
PLLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Virtual Creative Solutions, P.I.C

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

The Articles of Organization for this Limited Liability Company were filed on 08/03/2012 and assigned
Florida document number L12000102491.

This amendment is submitted to amend the following:

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

Virtual Creative Solutions, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

(Enter Florida street address)

_____, Florida _____
(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.

(If Changing Registered Agent, Signature of New Registered Agent)

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TALLAHASSEE, FLORIDA

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

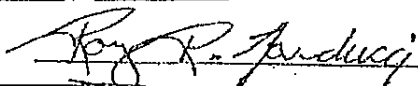
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Dated 25th October, 2012


 Signature of a member or an authorized representative of a member.
 Roy R. Narducci

 Typed or printed name of signee

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 AND
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