

L12000128864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

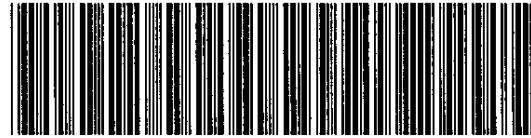
(Document Number)

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATE SERVICES
17 NOV - 5 AM 10:08

FILED

O SIMMONS

NOV 14 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2017

REGINALD BRADFORD **2ND MAILING**
11041 GOLDEN SILENCE DR
RIVERVIEW, FL 33579

We have received your document for DISCOVERY VIRTUAL SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE INDICATE IF YOU ARE ADDING, CHANGING OR REMOVING MEMBER LISTED ON PAGE 2 OF APPLICATION

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 417A00021513

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2017 NOV -6 PM 6:54
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Discovery Virtual Solutions, 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:

Reginald Bradford
Name of Person
Discovery Virtual Solutions, LLC
Firm/Company
10121 E Adamo Dr Suite 89835
Address
Tampa, FL 33619
City/State and Zip Code
Discoveryvirtualsolutions@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Reginald Bradford
Name of Person
321 303-6067
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Discovery Virtual Solutions, LLC

(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 10/10/2012 and assigned
Florida document number L12000128864.

This amendment is submitted to amend the following:

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

DVSJOBS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

11041 Golden Silence Dr
Riverview, FL 33579

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11041 Golden Silence Dr
Riverview, FL 33579

DIVISION OF CLERK
17 NOV - 6 AM
FILED

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:

Reginald Bradford

New Registered Office Address:

10121 E Adamo Dr Suite 89835

Enter Florida street address

Tampa

Florida 33619

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Reginald Bradford	11041 Golden Silence Dr	<input checked="" type="checkbox"/> Add
		Riverview, Florida 33579	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Registered Agent/Corporation Service Company		1201 Hays Street	<input type="checkbox"/> Add
		Tallahassee, FL 32301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
NOV - 6 AM 10:02
DIVISION OF REVENUE

17 NOV -6 AM 10:32
DIVISION OF CORRECTIONS
RECEIVED

17 NOV - 6 AM 10: 02
DIRECTOR OF FBI

77-10000

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October, 5 2017

Signature of a member or authorized representative of a member

Reginald Bradford

Typed or printed name of signee