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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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SECRETARY OF STATE

OCT - 2 2014

T. HAMPTON

# **COVER LETTER**

TO: Reg

Registration Section
Division of Corporations

SUBJECT

VIRTUAL 305 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:

# **JESUS CUE**

Name of Person

## WORLDWIDE BUSINESS SOLUTIONS CORP

Firm/Company

# 6915 SW 57 AVE SUITE 222

Address

**MIAMI FL 33143** 

City/State and Zip Code

JCUE@W-BSC.COM

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

For further information concerning this matter, please call:

JESUS CUE

ູ,305 ຸ803-7777

Name of Person

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIRTUAL 305 LLC	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Comparing Florida document number    CC423211069	
This amendment is submitted to amend the following:	,
A. If amending name, enter the new name of the limited lis	ability company here:
The new name must be distinguishable and end with the words "Limited L	Liability Company," the designation "LLC" or the appreviation "L.L.C."
Enter new principal offices address, if applicable:	LAR SE
(Principal office address MUST BE A STREET ADDRESS)	A
Enter new mailing address, if applicable:	FLORE OF
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the nere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

New Registered Agent's Signature, it 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member **Title** <u>Name</u> <u>Address</u> **Type of Action** JORGE A. PAZ **MGR** 7878 WEST FLAGLER STREET ■ Add **MIAMI FL 33144** □ Remove □ Add ☐ Remove □ Remove □ Add ☐ Remove □ Add ☐ Remove

. If amending any other information, enter change(s) here: (Attach additional sh	neets, if necessary.)
	<del></del>
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more the date this document is filed by the Florida Department of State)	(optional) than 90 days after
Dated AUGUST 27 2014	
Dated / 1000 1 27	
Signature of a member or authorized representative of a m	ember
RACKLIF ABREU	

Page 3 of 3

Filing Fee: \$25.00