113000041189

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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19 AUG 27 PM 5: 50 SECRETARY OF STATE

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COVER LETTER

TO: Registration So Division of Co				
Virsera, Ll SUBJECT:	LC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Shanaz Diefendorf			
	 ,	Name of Person		
	Virsera, LLC			
		Firm/Company		
2655 NW 42nd Street Address				
	shanazn@hotmail.com	City/State and Zip Code		
	_	to be used for future annual report notification)		
For further information of	concerning this matter, please c	all:		
Joe Corella		503 367-5324		
Name (of Person	at (503) 367-5324 Area Code Daytime Telephone Number		
Enclosed is a check for t	he 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)		
Regist	ING ADDRESS:	STREET/COURIER ADDRESS: Registration Section		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Virsera, LLC				
(Name of the Limited Liability Corr (A Florida Limite	ed Liability Company)	recorus.)		
The Articles of Organization for this Limited Liability Comparison document number £13000041189	any were filed on 3/19/2013	and assigned		
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	iability company here:			
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	n "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)		FILE 19 AUG 27 PM SECRETARY DE AUL AHASSES		
3. If amending the registered agent and/or registered registered agent and/or the new registered office address h		5: 5		
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 Ager	ert.			

If Changing Registered Agent, Signature of New Registered Agent

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 amendia 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Shanaz Diefendorf	2655 NW 42nd Street	5
		Boca Raton, FL 33434	■ Add
		Boça Raton, PL 33434	Remove
			Change
AMBR	John Diefendorf	2655 NW 42nd Street	_ Add
	 	Boca Raton, FL 33434	
			■ Remove
			☐ Change
	 		Add
			SE DE Remove
			U Change
			ORDER DE REMOVE
			☐ Change
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E. Effective date, if other th (If an effective date is listed, the Note: If the date inserted in document's effective date o	date must be specific and n this block does not m	cannot be prior to de cet the applicable	ate of filing or more than				
If the record specifies a d (b) The 90th day after th		ate, but not ar	n effective time, a	at 12:01 a.m.	on the	earli	er of:
Dated August 20	,	2019					
	Signature of an	nember of authorize	d representative of a me	mber			
John Diefendorf							
		Typed or printed na	me of signee				

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Filing Fee: \$25.00