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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

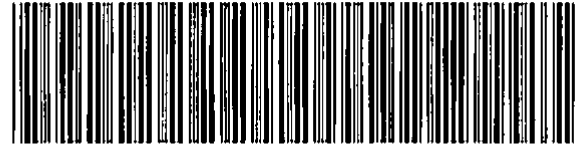
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP - 6 2013

T SCHROEDER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Virsera, 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:

Shanaz Diefendorf

\_\_\_\_\_  
Name of Person

Virsera, LLC

\_\_\_\_\_  
Firm/Company

2655 NW 42nd Street

\_\_\_\_\_  
Address

Boca Raton, FL 33434

\_\_\_\_\_  
City/State and Zip Code

shanazn@hotmail.com

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

For further information concerning this matter, please call:

Joe Corella

503 367-5324  
at ( )

\_\_\_\_\_  
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

*Amendment  
Sent*

## Virsera, LLC

Page 1 of 3

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>
AMBR	Shanaz Diefendorf	2655 NW 42nd Street	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33434	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	John Diefendorf	2655 NW 42nd Street	<input type="checkbox"/> Add
		Boca Raton, FL 33434	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TAL ASSIST. FLORIDA

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 20, 2019

Signature of a member of authorized representative of a member

John Diefendorf

Typed or printed name of signee