Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: MACFARLANE FERGUSON & MCMULLEN (CLEARWATER) Account Name

Account Number: 071005001001 Phone : (727)441-8966

Fax Number

: (727)442-8470

email address for this business entity to be used for future report mailings. Enter only one email address please.**

FLORIDA LIMITED LIABILITY CO. VR Development LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

B. BOSTICK

COVER LETTER

TO:

Registration Section Division of Corporations

VR Development 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:

J. MATTHEW MARQUARDT

Name of Person

MACFARLANE, FERGUSON, & MCMULLEN, P.A.

Firm/Company

625 COURT STREET, SUITE 200

CLEARWATER, FL 33756

City/State and Zip Code

JMM@MACFAR.COM

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

For further information concerning this matter, please call:

J. MATTHEW MARQUARDT at (727) 441-8966

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

■\$30.00 Filing Fee & Certificate of Status ■\$55.00 Filing Fce & Certified Copy (additional copy is enclosed) □\$60.00 Filing Fee, Certificate of Status & **Ccrtified Copy** (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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

VR DEVELOPMENT LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on (a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	Company were filed on 05/14/2	013 and assigned
Florida document number L13000070482	_ ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Touch Blue LLC		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADL	DRESS)	
		ALL AH
Enter new mailing address, if applicable:		ν. ν. τ . Ι
(Mailing address MAY BE A POST OFFICE BOX)		m.
		mil.
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ecords, enter the name of the new
To a second seco		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fl	orida 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.

MGR = Manager

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:

MGRM =	Managing Member		
Title	Name	Address	Type of Action
			Add
			Remove
*************			Add
			Remove
			Ada
			Add Remove
			SS: -
		,	ا میں رہ
			Add-
			Add
			Remove
	•		
			Add
			Remove

411101	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	Oct. 14 , 2013 .
	1 LM aram of
	Signature of a member or authorized representative of a member Matthew Marquardt, Authorized Representative
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

IN WH P. P.