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SECRETARY OF STATE
AND ASSESSED FROM

To:

Florida Department of State

Division of Corporations

From: Tracey Huff

Re:

Dissociation of Members, Virtocity, LLC

Ken Kiernan

Keith Wagner

July 18, 2016

To Whom it May Concern:

Please find the attached forms to dissociate Virtocity Members, Ken Kiernan and Keith Wagner along with the other changes

Please call me with any questions. 813-843-6955

Thank you,

Tracey Huft

Tracey.huff@virtocity.com.

COVER LETTER

Division of Cor	porations				
Virtocity, I	ılc				
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are submitted for filing.				
Please return all correspo	ndence concerning this matter to the following:				
	Tracey Huff				
	Name of Person	-	<u></u>		
	Virtocity				
	Firm/Company	v			
	7221 Derwent Glen Circle				
	Address				
	Land O' Lakes, FL 34637			ALL	3
	Cit_/State and Zip	Code	 		<u> </u>
	tracey.huff@virtocity.com				3 [
	E-mail address: (to be used for future a	nnuai report notification,)		
For further information c	oncerning this matter, please call:			1	
Tracey Huff	813 at (843-6955		83 (<u>ယ</u> က
Name o	f Person Area Code	Daytime Telepl	none Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Certificate of Status □ \$60.00 Certified Copy	ру	Certified C	of Status &	

MAILING ADDRESS:

TO:

Registration Section

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

AKTICLES, OF ORGANIZATION

Virtocity, LLC							
(Name of the Lim	ited Liability Compa (A Florida Limiteo)	inv as it now appears on our r	ecarde)				
The Articles of Organization for this Limited I	Liability Company	were filed on June 2014	and assigned				
This amendment is submitted to amend the fol-	lowing:						
A. If amending name, enter the new name of	of the limited liab	ility company here:					
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	_			
Enter new principal offices address, if applicable:		7221 Derwent Glen Circle	e e				
(Principal office address MUST BE A STRE		Land O' Lakes, FL 34637					
				_			
Enter new mailing address, if applicable:		7221 Derwent Glen Circle	SEOR SEOR				
(Mailing address MAY BE A POST OFFICE	BOX)	Land O' Lakes, FL 34637		T. =			
			SEE SEE				
D If amonding the marietaned areas and		6*		J			
B. If amending the registered agent and registered agent and/or the new registered or and/or the new registered agent and/or the new registered or and/or the new registered agent and/or the new registered agent agent and/or the new registered agent			enter the name of the	nev			
Name of New Registered Agent:	Tracey Huff						
New Registered Office Address:	7221 Derwent (Glen Circle					
	· · · · · · · · · · · · · · · · · · ·	Enter Florida street a	ddress	_			
•	Land O' Lakes		, Florida ³⁴⁶³⁷				
	· · · —	City	Zip Code				

New Registered Agent's Signature, if changing Registered Agen.

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 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>	Address	Type of Action
AMBR	Christopher Huff	7221 Derwent Gien Circl	■ Add
		- Land O' Lakes. FL 34637	☐ Remove
			☐ Change
AMBR	Ken Kiernan	29 Gainsboro Road	
		Lawrenceville, NJ 08648-3915	■ Remove
			☐ Change
AMBA	Keith Wagner	2 Evesham Ave	D Add
		Marlton, NJ 08053	Remove
			☐ Change
			
			FILED Remove SECRETARY OF STATE LAHASSEE, FLORIDA
	•	· · · · · · · · · · · · · · · · · · ·	☐ Change
<u>.</u>	<u> </u>		□ Add
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effective date is listed, the date mus	date of fung:	ate of filing or more than 90 o	(ODTION: days after filing.) Pursuant to
in the date inserted in this blue in the Demonstration in the Demonstrat	ock does not meet the applicable epartment of State's records.	statutory filing requirem	ents, this date will not be l
ecord specifies a delayed se 90th day after the rec	d effective date, but not a ord is filed	n effective time. at 1	.2:01 a.m. on the ea
d July 18th	2016		
	· M		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00