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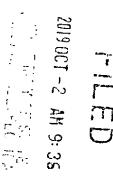
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COVER LETTER

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2 de la company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
GEORGE WILLIAM SPAIN Name of Person
VIRTUE AMERICA, LLC.
Firm/Company
2570 BAYOU BLUD.
Address PENSACULA, FL 32503 City/State and Zip Code ANB SHAINED COX, NET
City/State and Zip Code ANB SPAINE COX. NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SEVERE WILLIAM SUAIN 850 850-433-6269 Name of Person Name of Person Name of Person Name of Person Area Code Daytime Telephone Number SEU 850-607-045
EU 350-6070415
Enclosed is a check for the following amount:
\$25.00 Filing Fee & \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

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

Certificate of Status

TO:

Registration Section Division of Corporations

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Companies (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on MAY 13, 21	2/5 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi		
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		bbreviation "L.L.C." OUBLYD: 2503
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE	<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:	u /A	2 1
New Registered Office Address:	Enter Florida street address	20 9 <u> </u>
***************************************	City Florida	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 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

or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> Name **Address Type of Action** □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change __ 🗆 Add □ Remove ☐ Change ☐ Add □ Remove ☐ Change DAdd □____□ Add ____ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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tive date, if other than the da	to of filing:	<i>i + 1</i> 44 (on)	ional)
ffective date is listed, the date must be	specific and cannot be prior to date	of filing or more than 90 days after	er filing.) Pursuant to 605.
If the date inserted in this block nent's effective date on the Depart	timent of State's records.	tatutory finng requirements, to	is date will not be liste
cord specifies a delayed ef		effective time, at 12:01	a.m. on the earlie
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Page 3 of 3

Filing Fee: \$25.00