

L1600000112260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

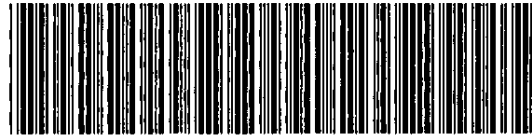
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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APR 18 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 3, 2017

SETH CASTON  
8309 HAWKS GULLY AVE  
DELRAY BCH, FL 33446

SUBJECT: VIRTUALS 1, LLC  
Ref. Number: L16000012260

We have received your document for VIRTUALS 1, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 417A00006310

RECEIVED  
2017 APR 17 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Virtuals 1, 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:

Seth Caston  
Name of Person  
Virtuals 1, LLC  
Firm/Company  
8309 Hawks Gully Ave.  
Address  
Delray Beach, FL 33446  
City/State and Zip Code  
seth@virtuals1.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Seth Caston at ( 561 ) 271-2696  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee  
*Already sent w/  
first ~~seth~~ attempt  
but was not returned.*
- ☐ \$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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

\_\_\_\_\_  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/11/16 and assigned Florida document number L16000012260.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

\_\_\_\_\_  
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Seth Caston

New Registered Office Address:

8309 Hawks Gully Ave.

Enter Florida street address

Delray Beach

City

Florida

33446

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

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>
Pres	Seth Caston	8309 Hawks Gully Ave	<input checked="" type="checkbox"/> Add
		Delray Beach, FL 33446	<input type="checkbox"/> Remove
		8309 Hawks Gully Ave	<input type="checkbox"/> Change
Pres	Keri Caston	Delray Beach, FL 33446	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 2/9/17, \_\_\_\_\_

Signature of a member or authorized representative of a member

Typed or printed name of signee