# L17000127614

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# **COVER LETTER**

	Registration So Division of Co			
SUBJEC	יודיו	EA SOLUTIONS, LLC		
OODJEC		Name of Lin	nited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Joelle Paban		
		VIRTUAL EA SOLUTIO	Name of Person NS, LLC	
		3706 Brickell Court	Firm/Company	<u> </u>
		Land O' Lakes, FL 34639	Name of Person  VIRTUAL EA SOLUTIONS, LLC  Firm/Company  3706 Brickell Court  Address  Land O' Lakes, FL 34639  City/State and Zip Code  E-mail address: (to be used for future annual report notification)	
			City/State and Zip Code	<del></del> _
		E-mail address: (	mitted Liability Company  mitted for filing.  to the following:  Name of Person  NS. LLC  Firm/Company  Address  City/State and Zip Code  to be used for future annual report notification)  all:	
For furthe	er information c	oncerning this matter, please ca	all:	
Joelle Pat	oan —			
	Name o	f Person		Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

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

VIRTUAL EA SOLUTIONS, LLC (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 June 12, 2017 \_\_\_\_\_ and assigned Florida document number L17000127614 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JOELLE PABAN & ASSOCIATES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 0 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: New Registered Office Address: Enter Florida street address

## 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.

City

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>	Type of Action
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f an effective Note: If the	date is listed, the date inserted i	han the date of filed date must be specificated this block does not the Department of	and cannot be pri of meet the appl	icable statutory	or more than 90 filing requirem	_ ( <b>optional</b> ) days after filing.) Pu ents, this date will	rsuant to 605.0207 not be listed as
e record The 90tl	specifies a c h day after t	delayed effective the record is file	e date, but r d.	not an effectiv	ve time, at 1	.2:01 a.m. on	the earlier of
Dated May	21		2019	_			
						4	
		1		therized represent			

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Typed or printed name of signee

Filing Fee: \$25.00