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COVER LETTER

	ion Section of Corporations					
SUBJECT:	G08J			ndustr	ies, LLC.	
		Name of Limited	l Liability Company			
The enclosed Artic	les of Amendment and	l fee(s) are submit	tted for filing.			
Please return all co	rrespondence concern	ing this matter to	the following:			
		Robe	A Sul Name of Person	hoch		
					Industrie:	5, LLC.
			E. Ma	•		
		Bart	on, FZ	3383	BO	
		RPS	City/State and Zip Cod c Woch 3 (on the code used for future annual	le 9 GMCi al report notificati	1. com	
For further informa	ntion concerning this n					
Robe	rt Schoo	4	at (<u>863</u>		-0277	
,	Same of Person		Area Code	Daytime Tel	ephone Number	
Enclosed is a check	k for the following am	ount:				
E \$25.00 Filing I		ing Fee & te of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is e		☐ \$60.00 Filing Fee. Certificate of Status Certified Copy {additional copy is enclose	

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

Good Sa	maritan Industries, LLC
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number $\underline{L1708623/8}$	were filed on $11/68/2617$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil Virtual-Biz. LLC	<u></u>
The new name must be distinguishable and contain the words "Limited Liabilia	
Enter new principal offices address, if applicable:	220 S Central AV #1702 Barton, FL 33830
(Principal office address MUST BE A STREET ADDRESS)	Darton, FL SS850
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	220 S Central AV # 1702 Bartow, FL 33830
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	97.
New Registered Office Address:	Emer Florida street address 2:
	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	OR AT
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and I am familiar with and rowided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> Address Type of Action □ Add ☐ Remove ☐ Change □ Add _□ Remove _□ Change _□ Add □ Remove □ Change □ Add _□ Remove ☐ Change □ Add ☐ Remove _D Add 27 _□ Removæ ယ ယ □ Change &

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	other information, enter change(s) h	ere: (maan daammaa saeeis, y a	eccssar _{v.)}
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reffective date is li te: If the date in nument's effective record specif	other than the date of filing: sted, the date must be specific and cannot be priserted in this block does not meet the applied date on the Department of State's recordings a delayed effective date, but rafter the record is filed.	or to date of filing or more than 90 days at licable statutory filing requirements, t Is.	his date will not be listed a
ed Feb	mary 23 201	8	
/	Robert Julian Signature of a member or au	thorized representative of a member	18 FEB
		/ memor	В 27
	No Dort School Typed or pri	nted name of signee	
		·	PM 3: 88
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