L17000264481

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COVER LETTER

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Registration Section Division of Corporations

Virtue Contracting LLC SUBJECT: Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: **Brandon Smiley** Name of Person Virtue Contracting LLC Firm/Company 12853 Julington Forest Dr e Address Jacksonville FL 32258 City/State and Zip Code brandonsmiley7@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Brandon Smiley Daytime Telephone Number Name of Person Inclosed is a check for the following amount: ☐ \$25.00 Filing Fee **■** \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: **Registration Section** Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Virtue Contracting LLC							
(<u>Name of the Limited</u> (A	Liability Compan Florida Limited L	ny as it now appears on our records. iability Company))				
ne Articles of Organization for this Limited Liability Company were filed on 12/29/23 orida document number L17000264481				and assigned			
s amendment is submitted to amend the follow	ving:						
If amending name, enter the new name of t	he limited liabi	lity company here:					
new name must be distinguishable and contain the wor	ds "Limited Liabili	ty Company," the designation "LLC"	or the abbreviat	ion "L.L.C			
nter new principal offices address, if applicable:		12853 Julington Forest Dr E					
rincipal office address MUST BE A STREET		Jacksonville FL 32258					
ter new mailing address, if applicable:		12853 Julington Forest Dr E	TA: L	2023			
Mailing address MAY BE A POST OFFICE BOX)		Jacksonville FL 32258	12 m	SEP I			
If amending the registered agent and/or regent and/or the new registered office address	gistered office a	ddress on our records, enter th	ne name of the	o ne ji ew r	egiste		
in and/or the new registered office address			Ę.	11	•		
Name of New Registered Agent;	Nathaniel Carro			<u></u>			
New Registered Office Address:	4250 State Road	116 Enter Florida street address					
	Saint Augustine		ida ³²⁰⁹²				

iew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and except the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

1GR = Manager MBR = Authorized Member

<u>itle</u>	Name	Address	Type of Action
1GR	Nathaniel Caroll	4250 State Road 16 Saint Augustine FL 32092	≣ Add
			□Remove
			□Change
1GR	Brandon Smiley	12853 Julington Forest Dr E Jacksonville FL 32258	□Add
			□Remove
			🛭 Ćhange
			□Add
			□Remove
			□Change
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fective date, if other than the date in effective date is listed, the date must be stee. If the date inserted in this block cument's effective date on the Department.	e specific and cannot be does not meet the	e prior to de applicable		nore than 90 days			
ecord specifies a delayed effective d is filed.	ate, but not an effec	ctive time,	at 12:01 a.m.	on the earlier	of: (b) The	90th day a	ifter th
	2023						
ted September 12	<u></u>	·•					
ated	epature of a member of	or authorize	l representativ	e of a member			

Filing Fee: \$25.00