

L18000048103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

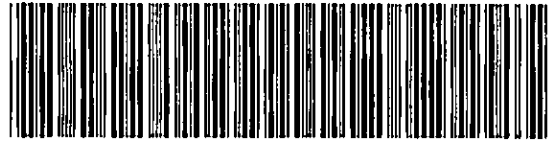
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

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01/11/19--01015--008 **43.75

FILED
19 JAN 30 AM 11:52
TALLAHASSEE, FLORIDA

JAN 31 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2019

LATOYA SCOTT
LS VIRTUAL BUSINESS SERVICES, LLC
5233 29TH STREET SW
LEHIGH ACRES, FL 33973

SUBJECT: LS VIRTUAL BUSINESS SERVICES, LLC
Ref. Number: L18000048103

We have received your document for LS VIRTUAL BUSINESS SERVICES, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 219A00001409

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LS Virtual Business Services, 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:

LATOYA SCOTT
Name of Person

LS Virtual Business Services, LLC
Firm/Company

5233 29th Street SW
Address

Lehigh Acres, FL 33973
City/State and Zip Code

(svirtualbizservices@protonmail.com) (best email.)
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LATOYA SCOTT at (305) 704-7482
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: (43.75 check was already paid. I will need \$375 back)

<input type="checkbox"/> \$25.00 Filing Fee	<input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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**

LS Virtual Business Services, 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 2/22/2018 and assigned Florida document number L18 000048103.

This amendment is submitted to amend the following:

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

LS Virtual Consulting, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".

Enter new principal offices address, if applicable:

same as current address

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

same as current address

(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:

n/a

New Registered Office Address:

n/a

Enter Florida street address



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.

n/a

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:

It is only me, the owner.

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
n/a			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

n/a - only business name change.

E. Effective date, if other than the date of filing: n/a (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated January 25, 2019

Latoya Scott

Signature of a member or authorized representative of a member

LAToya Scott

Typed or printed name of signee