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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Virtuality Real Estate 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:
Seffrey Fairchild Name of Person
Virtuality Real Estate Services, LLC
8567 Pinter St- Address
Orlando, FL 32827 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Seffrey Fairchild at (505) 850-215 U Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\ \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{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

Virtuality Real Estate	Services LLC
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.)
The Articles of Organization for this Limited Liability Company wer Florida document number 18000 165311.	e filed on July 9th 2018 and assigned
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 C	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	- OC - OC
	. 22 :-
Enter new mailing address, if applicable:	וד. פַּד
(Mailing address MAY BE A POST OFFICE BOX)	
	- 5- <u>□</u>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

If Changing Registered Agent, Signature of New 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 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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		orlando, FL	Remove
		3227	☐ Change
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the apparament's effective date on the Department of State's recomments.	pplicable	te of filing or n statutory filin	iore than 90 c		ing.) Pu		
record specifies a delayed effective date, but the 90th day after the record is filed.	it not an	effective I	time, at 1	2:01 a.r	n. on	the ea	arlie
ed October 18th 2	04						
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Signature Stanfiber or	rauthorized	l representative	of a membe				-

Page 3 of 3

Filing Fee: \$25.00