# 118000174024

Office Use Only



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ALLAMASSEE, TECH

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### **COVER LETTER**

IU:	Division of Corp			
SUBJE	CT:	tue Propert	Thy estments L	LC
		Name of the	inica manny company	
The enc	losed Articles of A	Amendment and fee(s) are su	bmitted for filing.	
Please r	eturn all correspon	dence concerning this matte	r to the following:	
			TOUSSOUNT Name of Person	
		Virtue P	Firm/Company	vents LCC
		1563 CA	APITAL CIRCLE SE, #18	2
			Address	<del></del>
		Tallahas	see 72 3230	1
		Virtue R E-mail address:	City/State and Zip Code  Let al 5 © 5 mail. ( (to be used for future annual report notific	cation)
For furt	ner information co	ncerning this matter, please		
Ve	Nise T	OUSU AT	at (631) 525 Area Code Daytime	- 93 W Telephone Number
			·	·
Enclose	d is a check for the	e following amount:		
□ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

## Mailing Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Virtue Property Front (Name of the Limited Liability Compa	ny as it now appears on our records.)  Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000174024</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1563 CAPITAL CIRCLE SE, #182		
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee 72 32301		
. Enter new mailing address, if applicable:	1563 CAPITAL CIRCLE SE, #182		
(Mailing address MAY BE A POST OFFICE BOX)	Tallahassee 72 32301		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
New Registered Agent's Signature, if changing Registered Agent:	City Zin Code		
I hereby accept the appointment as registered agent and agree	ee 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 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>	Name	Address	Type of Action
AMBR	Venise Tousaint	1563 CAPITAL CIRCLE SE, #182	\\Add
		Thirties	□Remove
			□Change
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f an effe Note:	we date, if other than the date of filing:	207 l as
e 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 ted.	the
Dated <sub>-</sub>	June 8. 2021.	
	()/2 //	
	( 16 Mm / 15 5	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00