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| (Re                     | equestor's Name)   |              |
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| (Ac                     | ddress)            |              |
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| PICK-UP                 | ☐ WAIT             | MAIL         |
| (Bu                     | usiness Entity Nam | ne)          |
| (Dc                     | ocument Number)    |              |
| Certified Copies        | _ Certificates     | of Status    |
| Special Instructions to | Filing Officer:    |              |
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## **COVER LETTER**

| T(  | Division of Corporations  |
|-----|---|
| SU  | URJECT: Virtual Charm, LLC Name of Limited Liability Company  |
| Th  | e enclosed Articles of Amendment and fee(s) are submitted for filing.   |
| Ple | ease return all correspondence concerning this matter to the following:   |
|     | Alicia Cantwell Name of Person  |
|     | Virtual Charm, LLC  |
|     | 1654 Dockside DR Address  |
|     | Fleming Island, Fl 32003  City/State and Zip Code  Virtual Cham LLCO gmail. com   |
| Fo  | E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call:   |
| _   | Alicia Cantuell at (904) 508-3337  Name of Person Area Code Daytime Telephone Number  |
| En  | closed is a check for the following amount:   |
| ø   | \$25.00 Filing Fee Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee. 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

| Virtual Charm, LL  |   |
|--|---|
| (Name of the Limited Liability Company as it<br>(A Florida Limited Liability   | now appears on our records.)<br>Company)                  |
| The Articles of Organization for this Limited Liability Company were for Elorida document number <u>L\900070240</u>                    | iled on March 13,2019 and assigned                        |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the limited liability co  | mpany here:   |
| The new name must be distinguishable and contain the words "Limited Liability Com  Enter new principal offices address, if applicable: | pany," the designation "LLC" or the abbreviation "L.L.C." |
| (Principal office address MUST BE A STREET ADDRESS)  |   |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  | 20191::: -6   |
|  |   |
| B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:         | ddress on our records, enter the name of the new          |
| Name of New Registered Agent:  |   |
| New Registered Office Address:   | Enter Florida street address                              |
| Ci   | , Florida   |

#### 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.

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> | <u>Name</u>     | <u>Address</u>        | Type of Action             |
|--------------|-----------------|-----------------------|----------------------------|
|              | Alicia Cantwell | 1654 Dockside De Flem | ing Island<br>32003 \$ ∧dd |
|              |                 |                       | □ Remove                   |
|              |                 |                       | Change                     |
|              |                 |                       | □ <b>∧d</b> d              |
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| f an eff<br><u>Note:</u> | ive date, if other than the date of filing:  |
| e red<br>The             | cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier $0$ 90th day after the record is filed. |
| Dated                    | 4/26/2019  |
|                          | Signature of a member or authorized representative of a member   |
|                          |  |

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Filing Fee: \$25.00