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SUBJECT	. Vir-	YUNZ HOM Name of Lin	es 4	Sale	Ken/	+7 ,	110	_
202000		Name of Lin	nited Liability Co	mpany	,	- / -		
The enclos	sed Articles of Ar	nendment and fee(s) are sub	omitted for filin	g.				
Please retu	irn all correspond	lence concerning this matter	to the followin	g:				
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Enclosed is	s a check for the	following amount:						
\$ 25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certifie	Filing Fee & d Copy of copy is enclosed		\$60.00 Filin Certificate Certified Co (additional co	of Status & opy	
R D P	Iniling Address: Registration Se Division of Cor 2.O. Box 6327	porations		The Centre	on Section of Corporation of Tallahas	see		
1	allahassee, FL	. 32314			lonroe Street. e, FL 32303	, Suite & I	,	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIRTUAL HOMES 4	SILE GEALTY LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19 000</u> 2222 8 2	were filed on $09/03/2019$ and assigned
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	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	111 2 nd AVE AVE TO TO SUITE 914 50 5
(Principal office address MUST BE A STREET ADDRESS)	St letys Burg FL 3379
Enter new mailing address, if applicable:	11026 SW 62 AVERRODA OCALA, FLORIDA
(Mailing address MAY BE A POST OFFICE BOX)	OCALA, FLORIDA 3.4476
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
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is filed.	Boll	. <u>2021</u>	ed representative of				_

Filing Fee: \$25.00