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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| ☐ PICK-UP ☐ WAIT ☐ MAIL |
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| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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2022 FEB | 4 AM 9: 25
SECRETABY OF STATE

A. BUTLER FEB 2 4 2022

COVER LETTER

| Division of Co | | | 4 |
|---|--|---|---|
| SUBJECT: Super | 360 Tours LLC | | |
| SUBJECT. | | ited Liability Company | |
| The enclosed Articles of | *Amendment and fee(s) are sub | mitted for filing. | |
| | ondence concerning this matter | - | |
| r lease return an confesp | ondence concerning this matter | to the following. | |
| | Jorgen Clause | n | |
| | | Name of Person | - |
| | | | |
| | | Firm/Company | |
| | PO BOX 36108 | 33 | |
| | | Address | |
| | Melbourne, Fl | _ 32936 | |
| | | City/State and Zip Code | |
| | jorgen.clausen@ E-mail address: (| ygmail.com to be used for future annual report no | diffication) |
| For further information (| concerning this matter, please c | · | |
| | | | 004 |
| Jorgen Clause | en of Person | at (321) 978-13 Area Code Davtii | me Telephone Number |
| . vanac (| a r gradi | Area (vac Dayon | the receptione ranner |
| Enclosed is a check for t | he 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 tadditional copy is enclosed |
| | | | |
| Mailing Address: | | Street Address: | |
| Registration Section Division of Corporations | | Registration Section Division of Corporations | |
| P.O. Box 6327 | | The Centre of Tallahassee | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 | |
| | | Tallahassee, FL 32303 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

2022 FEB 14 AM 9: 25

Super 360 Tours LLC

(Name of the Limited Liability Company as it now appears on our GRETARY OF STATE-(A Florida Limited Liability Company) FALL ARASSEE, FL

| The Articles of Organization for this Limited Liability Cor | mpany were filed on 02/28/2 | 20 and assigned |
|---|---|--|
| Florida document number L20000066729 | , | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | ed liability company here: | |
| VR PRO STUDIO LLC | | |
| The new name must be distinguishable and contain the words "Limite | d Liability Company," the designati | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | <u></u> | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| P. If amonding the project and agent and/or registered | . Maa addaaaa a - a - a - a - a - a - a - a | |
| B. If amending the registered agent and/or registered eagent and/or the new registered office address here: | omice address on our records | , enter the name of the new registered |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| New Registered Office Address. | Enter Florida stre | et address |
| | | . Florida |
| | City | , Florida Zip Code |
| New Registered Agent's Signature, if changing Registered a | Agent: | |
| I hereby accept the appointment as registered agent an | nd agree to act in this capaci | ty. I further agree to comply with the |

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> | Address | Type of Action |
|--------------|-------------|---------|----------------|
| | | | □Add |
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| . If am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an e | tive date, if other than the date of filing: |
| he reco ord is t | rd 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 filed. |
| Dated | February 8 2022 |
| | Signature of a member or author ted representative of a member |
| | Jorgen Clausen |
| | Typed or printed name of signee |