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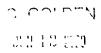
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COVER LETTER

Division of Cor	porations		
SUBJECT:	Virtelliger Name of Limi	nce Group, ted Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter (to the following:	
	Your Ora	Pen Cowde Name of Person Enge Park La Firm/Company Ge Dr Swite Address Park H 3 City/State and Zip Code	iwyer
	helpdesk	@Your oran	isepandawyer.com
Maur	concerning this matter, please ca	all: <u>V ar (904) 626</u>	
Enclosed is a check for the	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 (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

(Name of the Limited Liability Com (A Provide Limite		r records.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L20000102</u> 0	ny were filed on $\frac{4/13}{53}$	3 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia VIVELLICE OF The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	up FL L ability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records.	, enter the name of the new registered
Name of New Registered Agent:	P/A	
New Registered Office Address:	Enter Florida stree	et address
		Florida Zip Code
	City	Zip Code

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>	Address	Type of Action
	PLA		
			□Remove
			□Change
			□Add
			□Remove
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	N/A
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T ffaati	ve date, if other than the date of filing: $04/13/2020$ (optional)
f an effi	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
	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
rd is fil	ed.
Dated .	May 19 2020
	Maureen M. Crowder
	Signature of a member or authorized representative of a member