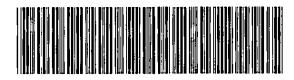
# LZ0000149454

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

Office Use Only

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R. WHITE



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 24, 2020

TERIANA JACKSON 8830 FLICKER ROAD TALLAHASSEE, FL 32305

SUBJECT: VIRTUAL HEROES, LLC

Ref. Number: L20000149454

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The current name of the entity is as referenced at lease correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 320A00023705

Claretha Golden Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Virt	ual Herops Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please fettim all correspo	indence concerning this matter	to the following.	
	Teriana	Name of Person	
		Firm/Company	
	8830 Flick	er Road Address	
	Tallahassa	City/State and Zip Code	5
		to be used for future annual report notifi	fication)
For further information c	oncerning this matter, please ca	all:	
	l	Write area	1101
<u>ICYICUNA</u>	Jacksur Person	at (150) 354	
, , , , , ,		.,	
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 9		Street Address: Registration Sec	ction
Division of C	orporations	Division of Cor	porations
Enclosed is a check for the S25.00 Filing Fee  Mailing Address Registration 5	Tallahassa  Tallahassa  Tallahassa  E-mail hadress: (  oncerning this matter, please ca  Jackson  i Person  ne following amount:  S30.00 Filing Fee & Certificate of Status  ss: Section corporations 7	Address  City/State and Zip Code  Con Q Con Out Com  to be used for future annual report notified.  at (SCO) 354  Area Code Daytime  Street Address:  Registration Secon Division of Cor  The Centre of T	E Telephone Number  □ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ed Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_ and assigned Florida document number \_\_\_\_\_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

#### 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.

City

Enter Florida street address

\_\_\_, Florida \_\_\_\_\_ Zip Code 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
AWBIZ	Teriana Jacken	8830 Flicker Rd	🗆 🗸 Add
		Tulahassee, FL, 32305	□Remove
			□Change
			🗆 Add
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			Remove

□ Change

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