## LZO 000172503

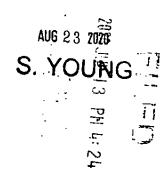
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## **COVER LETTER**

|                     | TIONS COMPANY L.L.C   | • •   |   |
|---------------------|---|---|---|
|                     | Name of Lim   | ited Liability Company  |   |
| losed Articles of   | Amendment and fee(s) are sub  | mitted for filing.  |   |
| eturn all correspo  | ondence concerning this matter  | to the following:   |   |
|                     | JUAN C VALOR RIOJA  |   |   |
|                     |   | Name of Person  |   |
|                     |   | Firm/Company  | <del></del>   |
|                     | 4733 W WATERS AVE.  | APT 1320  |   |
|                     |   | Address   | <del></del>   |
|                     | TAMPA, FLORIDA 3361   | 5   |   |
|                     | juanvalor04@gmail.com   | City/State and Zip Code   |   |
|                     | E-mail address: (   | to be used for future annual report notif   | ication)  |
| ner information c   | oncerning this matter, please ca  | all:  |   |
| C VALOR RIOJ        |   |   |   |
| Name o              | f Person  | at () Area Code Daytime   | Telephone Number  |
| d is a check for th | ne following amount:  |   |   |
| .00 Filing Fee      | S30.00 Filing Fee & Certificate of Status   | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)   | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)   |
|                     | elosed Articles of eturn all correspondence of the correspondence | Name of Lim  Plosed Articles of Amendment and fee(s) are subsetum all correspondence concerning this matter  JUAN C VALOR RIOJA  4733 W WATERS AVE.  TAMPA, FLORIDA 3361  juanvalor04@gmail.com  E-mail address: ( ther information concerning this matter, please concerning this matter. | Name of Limited Liability Company  closed Articles of Amendment and fee(s) are submitted for filing.  eturn all correspondence concerning this matter to the following:  JUAN C VALOR RIOJA    Name of Person |

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

VR SOLUTIONS COMPANY L.L.C. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number L20000172503 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: JUAN C VALOR RIOJA Name of New Registered Agent: 4733 W WATERS AVE. APT 1320 New Registered Office Address: Enter Florida street address **TAMPA** . Florida 336<del>15</del> 33614

## 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.

Cin

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     |
|--------------|--------------------|--|--------------------|
| MGR          | JUAN C VALOR RIOJA | 4733 W WATERS AVE. APT 1320. TAMPA, FL | 33<br><b>≡</b> Add |
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Filing Fee: \$25.00