LZ0000173505

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration S Division of Co			
	RTUAL SOLUTIONS LLC	•	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	1
Please return all corresp	ondence concerning this matter	to the following:	1
	TASIA REAL		
		Name of Person	•
	REAL VIRTUAL SOLUT	TIONS	1
	DAVIE, FL 33317		:
	realvirtualsolutions.tr@gma	City/State and Zip Code ail.com	
		to be used for future annual report notification)	2020 1.21 1.4
For further information	concerning this matter, please c	all:	2020 JUL 27 SEGNO NA TALLATA
Tasia Real		305 479-4497 at ()	27
Nume	of Person	Area Code Daytime Telephone Nu	imber (3) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Enclosed is a check for	the following amount:		; ; ;
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, tificate of Status & tified Copy titional copy is enclosed)
Mailing Addre Registration Division of 6 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui Tallahassee, FL 32303	ite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REAL VIRTUAL SOLUTIONS LLC

(Name of the Lim	ted Liability Company as it now ap (A Florida Limited Liability Compa	opears on our records.) my)
The Articles of Organization for this Limited I	iability Company were filed on	n 06/22/2020 and assigned
Florida document number 1.20000173505	·	Ī
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability compan	v here:
		1 †
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 appli	cable:	
Principal office address MUST BE A STREET ADDRESS)		020 TA
		27
Enter new mailing address, if applicable:		ම් කිරීම දැක් දැක් නිලා දැක් දැක්
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		00 0 U
muning university III DE ATOM OF THE	<u> </u>	1 7 7 9
		
B. If amending the registered agent and/or agent and/or the new registered office addre	**	ur records, enter the name of the new registered
the new regions of other and	obs rece .	
Name of New Registered Agent:	TASIA REAL	
New Registered Office Address:	6511 NOVA DRIVE #249	I
New Registered Office Address.	Enter	r Florida street address
	DAVIE	, Florida 33317
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
provisions of all statutes relative to the proj	per and complete performance istered agent as provided for registered office address, I h	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	TASIA REAL	6511 NOVA DRIVE #249 DAVIE, FL 33317	≅ Add
			□Remove
			□Change
P	TASIA REAL	6511 NOVA DRIVE #249 DAVIE, FL 33317	≣Add
			□Remove
			□ Change
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effective date is liste	her than the date of ed, the date must be spe	cific and canno	ot be prior to	date of filing	or more than	(option 90 days after f	iling.) Pursua	int to 60	5.020
	rted in this block dood date on the Department			le statutory	filing requir	ements, this	date will no	ot be lis	ted as
							t 		
	layed effective date,	but not an ef	Tective time	e, at 12:01 a	.m. on the e	arlier of: (b)	The 90th	day afte	er the
s filed.									
JULY 22	\wedge	20	20						
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