

L20000180056

(Requestor's Name)

(Address)

(Address)

(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



000363418570

04/06/21--01017--020 **25.00

2021 APR -6 A 11:39

CUED

58

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Virtual Capital Assets LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DeAnna Montemayor

Name of Person

Wyoming Corporate Services

Firm/Company

1712 Pioneer Ave Suite 500

Address

Cheyenne, WY 82001

City/State and Zip Code

deanna@wyomingcompany.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DeAnna Montemayor

1-800 717-7920

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

2021 APR -6 A 11:39

11 FED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Virtual Capital Assets, LLC

(Name of the Limited 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 06/26/2020 and assigned Florida document number L20000180056.

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)

7400 Smith Creek Road

Sopchoppy, FL, 32358, US

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7400 Smith Creek Road

Sopchoppy, FL, 32358, US

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:

Enter Florida street address

City

Florida

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

[illegible]

[illegible]

2021 APR 11: 11:00 AM

605.0207
listed as
0.17
U

If the record 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 record is filed.

March 26, 2021

Gerald Pitts on behalf of ABC Consulting, LLC, Manager
Typed or printed name of signee

Filing Fee: \$25.00