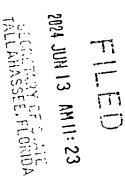
L20000385849

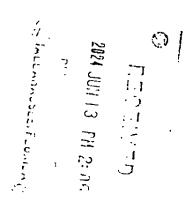
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06/13/2024

NAME: VIRTUECORP LLC

TYPE OF FILING: AMENDMENT

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Tallahassee, FL 32314

TO:	Registration So Division of Cor			
endit	VIRTUEC	ORP LLC		
SUBJE	.c.,	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Name of Person	
		VIRTUECORP LLC		
			Firm/Company	
		208 Oakfield Dr., Unit 310	5	
			Address	
		Brandon, FL 33511		
		•	City/State and Zip Code	
		E-mail address: (to be used for future annual report n	otification)
For fur	ther information c	concerning this matter, please c	all:	
Marqu	is S. Lovett		727 741-6412	
Name of Person			at () Area Code Dayt	ime Telephone Number
Enclose	ed is a check for t	he following amount:		
≡ S2:	5.00 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		Street Address: Registration S	Section
	Division of C	Corporations	Division of C	orporations
	P.O. Box 632	27	The Centre of	f Tallahassee

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

* VIRTUECORP LLC

2024 JUN 13 AM 11: 23

(Name of the Limited Liability Company as it now appears on our records.) TALLAHASSEE, FLORIDA (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{12/10/2020}{1}$ Florida document number <u>L20000385849</u> 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: Enter Florida street address , Florida ___

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.

DocuSign Envelope ID: C5F7E2B0-1FB6-49BE-A516-F5F91EB6BB82 in amending Authorized rerson(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	MARQUIS N LOVETT	4119 18TH AVENUE SOUTH	
		ST PETERSBURG, FL 33713	Remove
			□Change
MGR	MARQUIS S. LOVETT	4119 18TH AVENUE SOUTH	= Add
		ST PETERSBURG, FL 33713	□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		····	□Remove
			□Change

"MARQUIS S. LOVETT" i	s to be added	as the correct	MGR for VIR	TUECORP LLC				
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fective date, if other than the	e date of fili	ing:			_ (optio	nal)		
n effective date is listed, the date mu ste: If the date inserted in this b		and cannot be pric	r to date of filin	g or more than 90				
cument's effective date on the L								
ecord specifies a delayed effecti is filed.	re date, but n	ot an effective	time, at 12:01	a.m. on the earl	ier of: (b)	The 90	th day af	ter th
ted		2024						
DosuSigned by								
17717				ntative of a membe				

Filing Fee: \$25.00