

Florida Department of State
Division of Corporations
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L21000420057

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : VORAUS S&O LLC
Account Number : I20220000166
Phone : (321)732-2022
Fax Number : (407)577-3447

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VVIRTUAL OFFICES LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

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SEP 30 2023
K. Brumley

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FLORIDA
DIVISION OF
CORPORATIONS
STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIRTUAL OFFICES 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:

OLIVAR VILLEGAS, ELSY C

Name of Person

V. Virtual Offices LLC

Person/Company

994 EAST OSCEOLA PARKWAY

Address

KISSIMMEE, FLORIDA, 34744

City/State and Zip Code

ELSYOLIVAR@GMAIL.COM

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

For further information concerning this matter, please call:

Elsy Olivar

Name of Person

at (321) 732-2022

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)

☐ \$50.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIRTUAL OFFICES 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 09/23/2021 and assigned
Florida document number L21000420057

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SEGUROS VORAUS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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

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

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AND
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CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF DADE
FLORIDA

