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SHD IE	∼r. VIRTUOU	S EQUITY FUND LLLC		
SUBJEC	<u></u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		JOEL D VALENCIA		
			Name of Person	
			Firm/Company	
		PO BOX 143630		
			Address	*
		CORAL GABLES, FL 33	134	
		JOELDV7@GMAIL.COM	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For furth	ner information c	oncerning this matter, please c	ali:	
JOEL D	VALENCIA		305 781-7178	
	Name o	f Person	at () Area Code Dayti	ime Telephone Number
Enclosed	d is a check for th	he following amount:		
■ \$ 25.	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	 \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	
	Registration 5 Division of C		Registration S Division of Co	
	P.O. Box 632		The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIRTUOUS EQUITY FUND I LI	.C			21 SE	
(Name of the Limi	ited Liability Compan (A Florida Limited Li	y as it now appears (ability Company)	on our records.)	SECRETARES	7
The Articles of Organization for this Limited 1	iability Company v	vere filed on $\frac{01/26}{1}$	6/2022	and assign	ed i
Florida document number L22000046106				PA PA	អូ ថ i
This amendment is submitted to amend the fol	lowing:			2: 09	
A. If amending name, enter the new name of	of the limited liabil	ity company here	<u>e</u> :		
The new name must be distinguishable and contain the Enter new principal offices address, if application of the Annie of the Annie of the Enter new principal office address MUST BE A STREET	cable:	ty Company," the des	ignation "LLC" or the abbr	reviation "L.L.C.	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	(BOX)	VIRTUOUS EQU PO BOX 143630	FITY FUND I LLC		
		CORAL GABLES	S, FL 33114		
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	• •		ords, <u>enter the name</u>	of the new re	gistered
New Registered Office Address:	550 BILTMORI	EWAY, PH2			
	-	Enter Florid	a street address		
	CORAL GABLE	ES	Florida <u>3313</u>	34	
		Ciţv		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 Sew 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□ Add
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ote: If the da	, if other than to e is listed, the date te inserted in this ective date on the	s block does no	of meet the appl	icable statutory (or more than 90 day. Tling requirement	optional) s after filing.) Pursuant s, this date will not	to 605.020 be listed a
ecord specifi is filed.	es a delayed effe	ctive date, but i	not an effective	time, at 12:01 a.	m. on the earlier	of: (b) The 90th da	y after the
			2024				
ted	8th 		mono	a poor	\rightarrow		
ted JUNE 1	8th 	Signature of	a member or aut	horized represent	uive of a member		

Filing Fee: \$25.00