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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration S Division of Co | | | |
|--------------------------------------|---|---|--|
| | VIRTUAL SUPPORT SOLU | TIONS LLC | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Joanne Pearson | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 10576 Senegal Dr | rim/Company | 2024 t |
| | | Address | SECRETAL SECRETAL |
| | Pensacola FL 32534 | | |
| | office a co. | City/State and Zip Code 15/1011 - +& C.COW | Tication) |
| Landan in Companyion | E-mail address: (concerning this matter, please e | to be used for future annual report noti | fication) |
| Joanne Pearson | concerning this matter, prease c | 303 368-7673 | |
| | of Person | at () Area Code Daytim | e 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 Addra Registration | Section | Street Address: Registration Se | |
| P.O. Box 63 | | Division of Co The Centre of T | Tallahassee |
| Tallahassee. | FL 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| INFINITY VIRTUAL SUPPORT SOLUTIONS LLC | | |
|---|---|--------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited | iny as it now appears on our record Liability Company) | <u>7</u>) |
| The Articles of Organization for this Limited Liability Company | were filed on | and assigned |
| Florida document number 1.22000215653 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| Virtual Boundless Pro LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity 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) | 10576 Senegal Dr | |
| | Pensacola FL 32534 | 2024 SE |
| | | ARE MAY |
| Enter new mailing address, if applicable: | | PA O |
| (Mailing address MAY BE A POST OFFICE BOX) | 10576 Senegal Dr | PS C P |
| | Pensacola FL 32534 | F S FF S |
| | | FET 34 |
| B. If amending the registered agent and/or registered office : | address on our records, <u>enter</u> | the name of the new register |
| agent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | . <u></u> | |
| - | Enter Florida street addres. | s |
| | | orida |
| | City | 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 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> | Name | Address | Type of Action |
|--------------|------|-------------|-------------------------|
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| an effective date is listed, the date Note: If the date inserted in this | | | | | | |
| ocument's effective date on the | | | • | | | |
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| record specifies a delayed effect dis filed. | tive date, but no | t an effective tim | ie, at 12:01 a.m. | on the earlier of: | (b) The 90th day a | iter the |
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| May 01 20 | | member or author | ized representativ | e of a member | | |

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