## L23000030869

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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## **COVER LETTER**

1.

Tallahassee, FL 32314

TO: Registration : Division of C						
	RTUAL ASSISTANTS LLC					
Name of Limited Liability Company						
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	ROSANGELA C JOHNS	ON				
		Name of Person	_			
	GRIT VIRTUAL ASSIST	ANTS LLC				
		Firm/Company	_			
		Address	_			
	OAKLAND PARK, FL 3:	3334				
		City/State and Zip Code	_			
	ROSANGELA@GRITVAS	•	202 1			
	E-mail address: (	to be used for future annual report notification)	2023 HAR			
For further information	concerning this matter, please e	all:	30			
ROSANGELA C JOHNSON		954 401-6617	•			
Name	of Person	at () Area Code Daytime Telephone Numbe	PH 4: 03			
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ite of Status &			
Mailing Addre Registration Division of O P.O. Box 63	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee				

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

GRIT VIRTUAL ASSISTANTS LLC				
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our recor ability Company)	<u>-ds.</u> )	<del></del>	
The Articles of Organization for this Limited Liability Company w	vere filed on 1/17/2023	a	nd assi	gned
Florida document number L23000030869				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ity company here:			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LL	C" or the abbreviat	ion "L.L	.C.*
Enter new principal offices address, if applicable:		5.7	26	
Principal office address MUST BE A STREET ADDRESS)	110	7.		
			A P	0 1
			30	********
Inter new mailing address, if applicable:		ద	PH	3 6 3
Mailing address MAY BE A POST OFFICE BOX)			÷	
		[1]	03	-
s. If amending the registered agent and/or registered office ad gent and/or the new registered office address here:	ldress on our records, <u>ente</u>	r the name of th	ie new	register
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street addre	T.C.V		
	, FI	lorida		
	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 Changing Registered Agent, Signature of New 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
MGR	ROSANGELA C JOHNSON	1326 EAST COMMERCIAL BLVD	<b>≣</b> Add
		SUITE #1109	□Remove
		OAKLAND PARK, FL 33334	□Change
			LJRemove
			□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
			Remove
			☐ ☐ Change
			□Remove
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