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R. HUNT 03/31/20

## **COVER LETTER**

TO:

Tallahassee, FL 32314

FO: Registration Se Division of Cor					
SUBJECT: Mif	SY VIRTUAL Name of Lim	LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	GREGORIO -	Name of Person			
		Name of Person			
	MiPsy V	iRTUAL, LLC Firm/Company		25.33	
		Firm/Company			
	6750 NW 186	TH ST APT 205 A		2073 FFR 31 PM 2: 03	
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		City/State and Zip Code		ယ	
	info. Hipsy V E-mail address: (	iRTUAL Q 6 mail. to be used for future annual report notif	COH (fication)		
For further information e	oncerning this matter, please ca	all:			
GREGORIO J	ECHENIQUE	at ( <u>786</u> ) <u>616 - 3</u> Area Code Daytime	612	_	
Name o	f Person	Area Code Daytime	: Telephone Number		
Enclosed is a check for the	ne 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 F Certificate of \$ Certified Copy	Status &	
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec		i enciosed)	
Division of C	-	Division of Cor	•		
P.O. Box 632	' /	The Centre of T	aliahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on $\frac{02 09 }{}$	2023		
Florida document number <u>L 2 3 0000 72 9 03</u> .		and	assigned
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 abbr	eviation	ı "L.L.C."
Enter new principal offices address, if applicable:	· · · · ·	:	· ;
(Principal office address MUST BE A STREET ADDRESS)	45.7	- <del>'\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>	· ·
Enter new mailing address, if applicable:	71 7	_ <del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		_ <del></del>	
B. If amending the registered agent and/or registered office address on our records, enter agent and/or the new registered office address here:	the name	of the	new register
Name of New Registered Agent:			· · · · · · ·
New Registered Office Address:  Enter Florida street address	SS'		
. F1	lorida		
City		Zip C	ode

## 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.

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an effective date is I	other than the date listed, the date must be s	specific and	cannot be pri	or to date of f	ling or more tha	n 90 days afte	ional) r filing.) l	oursuant	to 605.02
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Filing Fee: \$25.00