

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIRTUALLI YOURS 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:

Aaliyah B. Mayers
Name of Person

Virtualli Yours LLC
Firm/Company

8764 Alam Avenue
Address

NORTH PORT FLORIDA 34287
City/State and Zip Code

mayers.aaliyah@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaliyah mayers at (813) 999-5376
Name of Person 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) ☐ \$60.00 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

Virtualli Yours LLC

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>	<u>Type of Action</u>
MGR	Aaliyah mayers	8764 Alam Ave	<input checked="" type="checkbox"/> Add
		north port, FL 34287	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Aaliyah mayers	8764 Alam Ave	<input checked="" type="checkbox"/> Add
		north port, FL 34287	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Typed or printed name of signee