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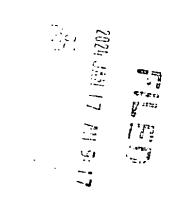
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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
Jooste Hol	dings LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Kirsten Halcrow		
		Name of Person	
	Emigrate 2 USA		
		Firm/Company	
	192 Cool Springs Avenue		
		Address	
	Ponte Vedra, FL, 32081		
		City/State and Zip Code	
	kirsten@emigrate2usa.co.z		···
Var forther information :		to be used for future annual report no	our carron)
	concerning this matter, please c	241).	
Kirsten Halcrow		904 3122303 at ()	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	<u>w:</u>	Street Address:	
Registration		Registration S	
Division of C P.O. Box 632		Division of Co The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jooste Holdings LLC (Name of the Limited Liability Comp.	any as it now appears on our re	xords.)		
(A Florida Limited	Liability Company)	<u></u>		
The Articles of Organization for this Limited Liability Company Florida document number 1.23000302802	were filed on 6/23/2023	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	nility company here:			
Virtual Vtact LLC	may company bere.			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	'LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	339 Alamo Drive			
(Principal office address MUST BE A STREET ADDRESS)	Pittsburgh	125 125		
	PA, 15241 Em			
Enter new mailing address, if applicable:	339 Alamo Drive	- गुण		
(Mailing address MAY BE A POST OFFICE BOX)	Pittsburgh			
	PA, 15241			
		~1		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ex</u>	iter the name of the new registered		
agent and or the new registered office address here.				
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street aa	idress		
	M4-			
	City	, FloridaZip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is		

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>	Address	Type of Action
AMBR	HENDRIK L DU PLOOY	21 VERGEZICHT ESTATE ROAD	≅Add
		SOMERSET WEST	Петоче
		7130	□Change
AMBR	RUAAN I NEL	33 PIARCO AVENUE	≅ ∧dd
		BONAERO PARK	□Remove
		KEMPTON PARK, 1459	□Change
			□Add
			□Remove
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Note: If the	he date inserted in thi	s block does not me	eet the applicable	statutory filing require	ments, this date will n	ot be listed as t
	s effective date on th					
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e record sp rd is filed.	ecilies a delayed elle	ctive date, but not a	in effective time,	at 12:01 a.m. on the ca	riter of: (b) The 90th	day after the
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1/1/	n <i>m</i> no4					
Dated	0/2024		,			
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Filing Fee: \$25.00

Typed or printed name of signec