

	(Re	equesto	or's Name	e)	
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	(Au	ldress)			
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COVER LETTER

TO: Registration Se Division of Cor				
Virtue Asso	et Recovery Solutions, LLC			
SUBJECT:	et Recovery Solutions, LLC Name of Lim	ited Liability Company	 	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Roddrick Norman			
		Name of Person		
	Virtue Asset Recovery Sol	utions, LLC		
		Firm/Company		
	3564 Avalon Park E. Blvd	, Ste 1 Z3194		
		Address		
	Orlando, FL 32828			
		City/State and Zip Code		
	contact@varsllc.com			
	E-mail address: (to be used for future annual report no	dification)	
For further information c	oncerning this matter, please c	all;		
Roddrick Norman		407 300-7491		
Name o	f Person	at ()	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration S		Street Address: Registration Se	ection	
Division of Corporations		Division of Corporations		
P.O. Box 632		The Centre of		
Tallahassee, l	rレ 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	1 Liability Compa A Florida Limited	any as it now appears on our Liability Company)	r records.)	
The Articles of Organization for this Limited Lial Florida document number L24000153948	bility Company	were filed on		and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liab	oility company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company," the designation	on "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:		2101 Congress Lane		
Principal office address MUST BE A STREET ADDRESS)		St. Cloud		207
		Florida, 34769	,5 to	2024 APR
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				R 26 PH 12: 5
3. If amending the registered agent and/or regigent and/or the new registered office address Name of New Registered Agent:		address on our records,	enter the name o	f the new regist
	3564 Avalon P	ark E. Blvd. Ste 1 Z3194		
New Registered Office Address:		Enter Florida stree	t address	
	Orlando		, Florida <u>32828</u>	
		Ciţy		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>	Address	Type of Action
MGR	Roddrick Norman	3564 Avalon Park E. Blvd, Ste 1 Z3194	= Add
		Orlando, FL 32828	□Remove
			□Change
MGR Normaida Holdings, LLC	Normaida Holdings, LLC	401 N MILLS AVE. STE. B PMB 1176	□Add
		ORLANDO, FL 32803	≡ Remove
			🗆 Change
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			□ Change

Page 2 of 3

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(If an effecti Note: If	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated	April 16 ⁺⁵ . 2004. Rodding Signature of a member or authorized representative of a member
	Rolling
	Signature of a member or authorized representative of a member
	Roddrick Norman
	Typed or printed name of signee

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