## L05000116763

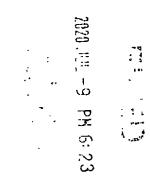
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AUG 20 2020 S. YOUNG

## **COVER LETTER**

TO: Registration Sect Division of Corpo		•
SUBJECT: VICT	TOR REAL ESTATE INVEST Name of Limited Liability Company	MENTS, LLC
The enclosed Articles of A	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	ALEXANDER V KOVACS  Name of Person	
	VICTOR REAL ESTATE IN	VESTMENTS, LLC
	5220 SE 106 LN	
	BELLEVIEW, FL 34420 City/State and Zip Code	)
	a Kovacs 3@cfl.rr.com  E-mail address: (to be used for future annual re	
For further information con	neerning this matter, please call:	
ALEXANDER V.	Rerson at (352) 2	86 - 7251  Daytime Telephone Number
Enclosed is a check for the	following amount;	
¥ 825.00 Filing Fee	☐ \$30,00 Filing Fee & ☐ \$55,00 Filing Fee & Certificate of Status Certified Copy radditional copy is enclo	Certificate of Status &
<u>Mailing Address:</u> Registration Se		dress: ion Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

## VICTOR REAL ESTATE INVESTMENTS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12 -06 -2005 and assigned Florida document number <u>L</u>05000116763 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 abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter 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 address 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	VICKY Z. KOVACS		🗆 Add
		5220 SE 106 LN BELLEVIEW, FL 34420	LVRemove
			□ Change
MGRM ALEXANDER G. KOVACS	ALEXANDER G. KOVACS	5220 SE 106 LN BELLEVIEW, FL 34420	\overline \overline Add
		□Remove	
		□ Change	
		□Add	
		🗆 Change	
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(If an ef Note:	ive date, if other than the date of filing:
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	07-06- 2020
	1/1/2/2///
	Signature of a member of authorized representative of a member