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(Red	questor's Name)	
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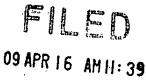
COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: VICTORY	/ SOLUTIONS LLC	ited Liability Company)		
	(Name of Lim	ned Elabinity Company)		
	Amendment and fee(s) are sub	-		
	EDUARDO CAMPOS			
(Name of Person)				
	VICTORY SOLUTION	NS LLC (Firm/Company)		
	8589 BRIAR GROVE CIF	RCLE		
		(Address)		
	TAMPA, FL 33615	(City/State and Zip Code)		
For further information co	oncerning this matter, please co	all:		
EDUARDO CAMPOS		at (813 ₎ 951-8533		
(Name of Person)		(Area Code & Daytime Telephone Number)		
Enclosed is a check for the	e 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)	
Registra Divisior P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 ssee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SECRETARY OF STATE TALLAHASSEE FLORIDA

VICTORY SOLLITIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

Name of New Registered Agent: New Registered Office Address:	8589 BRIAR GROVE CIR	RCLE (Enter Florida street d	nddress)
Name of New Registered Agent:			
	EDUARDO CAMPOS		
B. If amending the registered agent and registered agent and/or the new registered of	office address here:	s on our records, enter	the name of the new
		_	
(Mailing address MAY BE A POST OFFICE	<u> </u>	<u>-</u>	
Enter new mailing address, if applicable:			
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new principal offices address, if appl	icable:		
The new name must be distinguishable and end w "L.L.C."	rith the words "Limited Liability	Company," the designation	"LLC" or the abbreviation
A. If amending name, enter the new name	of the limited liability compa	ny here:	
This amendment is submitted to amend the fo	llowing:		
Florida document number 1.0900010828			
The Articles of Organization for this Limited	Liability Company were filed of	n <u>ozrozrzoos</u>	and assigned

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM	I = Managing Member		
Title	<u>Name</u>	Address	Type of Action
			Add ☐ Remove
			Kemove
			Add Remove
			Add Remove
•			Add Remove
			Remove
			Add Remove
			Add
			Remove
D. If an		ge(s) here: (Attach additional sheets, if necessar	•
	NEW ADDRESS FOR THIS LIMITED LIAB 8589 BRIAR GROVE CIRCLE	ILITY CORPORATIO IS	O9 APR
	TAMPA, FL 33615		ASS ASS
			AMII: 35 EEFFORIBE
			RATE OF
Dated A	PRIL 09 , 2009		
	Church Signature of a membe	er or authorized representative of a member	
	EDUARDO CAMPOS, I		
	Typeo	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00