109000053993

(Requestor's Name) (Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(2000)				
Certified Copies <u>ு எரு.</u> Certificates of Status <u>சுன்கை</u> இ				
Special Instructions to Filing Officer:				

Office Use Only



800161463518

10/13/09--01014--022 **25.00

FILED

09 OCT 13 PM 1: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 14 2009

EXAMINER

COVER LETTER

TO:	Registration of	on Section Corporations		
SUBJECT: Victoria Group Investments LLC				
		Name of Lin	nited Liability Company	
The en	closed Article	es of Amendment and fee(s) are su	ubmitted for filing.	
Please	return all com	respondence concerning this matte	er to the following:	
•			Jessie Padilla	
			Name of Person	
Debb		Debb	ie's Accounting Service Inc	
			Firm/Company	
			PO BOX 16952	
			Address	
	Jacksonville Florida 32245			
		•	City/State and Zip Code	FIL 09 OCT 1:3 SECRETARY
		E-mail address:	(to be used for future annual report notification)	TAR
For fur	ther informat	ion concerning this matter, please	call:	CT 13 PH 1: 12 CTARY OF STATE HASSEE, FLORIDA
		Jessie Padilla	at (_904_)733-4547	
	Na	ame of Person	Area Code & Daytime Telephone Number	O _A
Enclos	ed is a check	for the following amount:		
✓ \$25	5.00 Filing Fe	e \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status &
	Re Di P.	AILING ADDRESS: egistration Section livision of Corporations O. Box 6327 allahassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Victoria Grou (Name of the Limited Liability Co (A Florida Limi	p Investments L mpany as it now appe ited Liability Company)	LC ars on our records.)	
The Articles of Organization for this Limited Liability Com Florida document numberL0900053993	pany were filed on	June 3, 2009	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company ho	ere:	
	N/A		
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Com	pany," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRES	<u></u>		150 D
			T P P
			SE 3
Enter new mailing address, if applicable:	N/A		17° 3° 177
(Mailing address MAY BE A POST OFFICE BOX)			52 = D
			8 3 3 B
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter	the name of the new
Name of New Registered Agent: N/A			
New Registered Office Address:			
	E	Enter Florida street add	dress
		, Florida	
	City		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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action MGRM. Henry Victoria 1726 Broken Bow Drive East Jacksonville, FL 32225 Remove STAY THE SAME... MGRM Esteban Hernandez 1726 Broken Bow Drive East Jacksonville, FL 32225 ☐ Remove NOW ADDING MGRM ☐ Add Remove Add Remove $\prod Add$ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 8 2009 Dated _

Typed or printed name of signee
Page 2 of 2

Signature of a member or authorized representative of a member

Henry Victoria

Filing Fee: \$25.00