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SECRETARY OF STATE
PALLAHASSEE, FLORIDA

D. BRUCE
DEC 11 2009
EXAMINER

COVER LETTER

TÒ:	Registration S Division of Co				
SUBJEC	CT:	VICTO	ORY 60, LLC		
0000	<u></u>	Name of Limi	Name of Limited Liability Company		
The enc	losed Articles of	f Amendment and fee(s) are sul	omitted for filing.		
Please re	eturn all corresp	ondence concerning this matter	to the following:		
•			HAROLD B LOVELL		
			Name of Person		
			Firm/Company		
			2608 INLET DRIVE		
•		**************************************	Address	· · · · · · · · · · · · · · · · · · ·	
		FORT	LAUDERDALE, FL 33316		7A.S.
			City/State and Zip Code		ARE OF T
		F-mail address: (victory60h@aol.com to be used for future annual report notifi	cation)	TARY ASSE
For furt	her information	concerning this matter, please		,	FILED EC 10 PM 12: 20 ETARY OF STATE HASSEE, FLORIDA
	HAR	OLD B LOVELL	at (520-9403	
	Name	of Person	Area Code & Daytim	e Telephone Number	
Enclose	d is a check for	the following amount:			
₹ \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified (of Status &
	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VICTOR	Y 60, LLC		<u> </u>	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appea Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Compar	ny were filed on	12/01/2009	and assigned	
Florida document numberL09000114138				
. This amendment is submitted to amend the following:		·		
A. If amending name, enter the new name of the limited lis	bility company he	<u>re</u> :		
The new name must be distinguishable and end with the words "Lin'L.L.C."	mited Liability Comp	any," the designation "L	LC" or the abbreviati	
Enter new principal offices address, if applicable:			E.	
Principal office address MUST BE A STREET ADDRESS)			19 DE	
	······································		AN CIT	
Enter new mailing address, if applicable:		į. 2	TO BE	
Mailing address MAY BE A POST OFFICE BOX)		DR)	2 % D	
		<i>Ş</i>	7 6	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on e ere:	our records, <u>enter t</u>	he name of the n	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida		Zip Code	
	Cuy		гір Соае	

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 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 = Managing Member Type of Action **Title** <u>Address</u> <u>Name</u> MGRM CHERYL S LOVELL ☐ Add 2608 INLET DRIVE FORT LAUDERDALE, FL 33316 ✓ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **DECEMBER 7** 2009 Dated ___ Signature of a member or authorized representative of a member HAROLD B LOVELL Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00