

L10000035098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

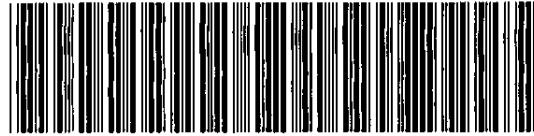
(Business Entity Name)

(Document Number)

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RECEIVED  
DEPARTMENT OF STATE  
16 MAY -3 AM 11:27

MAY 04 2016

Y SULKER

## Advanced Incorporating Service, Inc.

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [orders@aisincfl.com](mailto:orders@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

NAME OF ENTITY <i>Victory Models and Event Staffing, LLC</i>	FOR OFFICE USE ONLY

### PICK ONE:

\_\_\_ CERTIFIED COPY    ☒ PHOTOCOPY    \_\_\_ C.U.S.

### FILING:

\_\_\_ CORPORATION    \_\_\_ LLC    \_\_\_ LIMITED PARTNERSHIP    ☒ GENERAL PARTNERSHIP  
\_\_\_ FICTITIOUS NAME    \_\_\_ SERVICE MARK/TRADEMARK    ☒ AMENDMENT  
\_\_\_ FOREIGN QUALIFICATION    \_\_\_ JUDGMENT LIEN  
\_\_\_ OTHER \_\_\_\_\_

### RETRIEVAL:

\_\_\_ GOOD STANDING CERT/C.U.S.    \_\_\_ CERTIFIED COPY    \_\_\_ PHOTOCOPY

Of \_\_\_\_\_

### APOSTILLE/CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 5/3/16    TIME \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Victory Models and Event Staffing, 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 3/31/2010 and assigned  
Florida document number L10000035098.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

B 9 Model Event Staffing, LLC

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: Incorp Services, Inc.


New Registered Office Address: 17888 67th Court North

*Enter Florida street address*

Loxahatchee, Florida 33470  
*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 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.*

 on behalf of Incorp Services, Inc.  
**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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Change

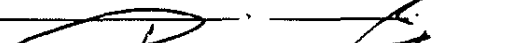
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May 3rd, 2016

y 3rd \_\_\_\_\_, 2016 \_\_\_\_\_



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Brenda Skouras

\_\_\_\_\_  
Typed or printed name of signee