## 111000012726

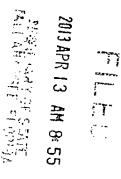
(Re	equestor's Name)	
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J. SAULSBERRY

MAY 15 2013

EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SURI	ECT:		
SCD		Limited Liability Company	
Dear	Sir or Madam:		
Thoo	nalasad Bagistarad Agant/Pagistarad (	Office Change and fee(s) are submitted for filing	
i ne e	nclosed Registered Agend Registered	Office Change and fee(s) are submitted for filing.	
Please	e return all correspondence concerning	this matter to the following:	
	Name of Person		
			2
	Firm/Company		2013 APR 13
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	Address	<del>र</del> ी	X
		- 1975 - 1975	ν Ö
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<del></del>	City/State and Zip Code		
	-mail address: (to be used for future annual report	notification)	
For fu	urther information concerning this mat	tter, please call:	
	•	•	
		at ()	
	Name of Person	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section	Registration Section	
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
	2661 Executive Center Circle	Tallahassee, Florida 32314	
	Tallahassee, Florida 32301	·	
	Enclosed is a check for the follow	ing amount:	
	□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

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

Victor hand Digging LLC.						
( <u>Name of the Limited</u> (A	Liability Compar Florida Limited L	ny as it now appears on containing the containing series of the contain	our records.)			
The Articles of Organization for this Limited Liz Florida document number <u>L11000012726</u>					and assi	gned
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ted Liability Company," t	he designation	ı "LLC"	or the ab	breviation
Enter new principal offices address, if applica	ble:	2100 South Palm	etto Aven	ue	2	
(Principal office address MUST BE A STREET		South Daytona, F	L. 32119		3	
				1	ΛPR	17
				4	<u> </u>	<u> </u>
Enter new mailing address, if applicable:				1984. j	270	
(Mailing address MAY BE A POST OFFICE BOX)					ထ္	
				<u>i</u> jā	Q Q	
B. If amending the registered agent and/or registered agent and/or the new registered off			ecords, <u>ente</u>	r the n	ame of	the nev
Name of New Registered Agent:	Alfonso Rai	mirez				
New Registered Office Address:	2100 S. Pa	lmetto Avenue				
	Enter Florida street address					
	South Dayt	ona	, Florida	32119	,	
		City	•	Zi	p Code	
New Pagistared Agent's Signature if changing D	edistand Adent.					

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.

Alfonso Ramiraz Massa If Changing Registered Agent, Signature of New Registered Agent

D. If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·	
<sub>Dated</sub> May 6th	2013
	Ranchez Masia ignature of a member or authorized representative of a member
S	ignature of a member or authorized representative of a member
Alfonso Ramii	<sup>-</sup> ez
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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