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COVER LETTER ...

TO:	Registration Se Division of Cor				
CHD IE	VICTORY	HILL EXHIBITIONS, LLC.			
SUBJE	CI:	Name of Lim	ited Liability Company	 	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		STEPHEN COUTURE			
			Name of Person		
			Firm/Company		SFT SFT
		5310 N. CENTRAL AVE	NUE		LLAHASSEE FLORIDA
			Address		20 20
		TAMPA, FLORIDA 3360	3		3 TO
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		Fi dayio
		SCOUTURE@TAMPABA			S S
		E-mail address: (to be used for future annual report notifi	ication)	
For furt	her information co	oncerning this matter, please ca	all:		
			813 234-3090 at ()		
	Name of	f Person		Telephone Number	
Enclose	d is a check for th	e following amount:			
= \$2 5.	.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 Sta Certified Copy (additional copy is er	tus &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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

VICTORY HILL EXHBITIONS, LLC.		
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number L12000036385	ity Company were filed on MARCH 14, 2012	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
EHV, LLC.		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable	::	16 1 1 1 1 1 1 1 1 1 1
Principal office address MUST BE A STREET A	DDRESS)	67 13
		28 827
		교 연유다
Enter new mailing address, if applicable:		· 日本
Mailing address MAY BE A POST OFFICE BOX	KO	8 37
		• • • • • • • • • • • • • • • • • • • •
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter t address here:	he name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
•	Emer Frontai Street address	
_	, Florida	7 in Cada
	City	In Lodo

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.

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		<u></u>	☐ Remove
			☐ Change
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot te: If the date inserted in this block does not meet the cument's effective date on the Department of State's	be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 applicable statutory filing requirements, this date will not be listed a
record specifies a delayed effective date, I he 90th day after the record is filed.	but not an effective time, at 12:01 a.m. on the earlier
red OCTOBER 17 2010	6
	or authorized representative of a member

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Filing Fee: \$25.00