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D. BRUCE

MAY 21 2012

EXAMINER

COVER LETTER

TO:	Registration Division of C				
		· CUSTOM ONVY DES	SIGNS BY VICTORERO	·····	
SUBJI	ECT:		ited Liability Company ::	,, <u>LLO</u>	
The en	closed Articles	of Amendment and fee(s) are su	bmitted for filing.		
		pondence concerning this matte	-		
			JUAN VICTORERO		
			Name of Person		
		CUSTOM ONY	'X DESIGNS BY VICTOREF	RO. LLC	
			Firm/Company		
		1	14253 SW 148 PLACE		
	1 '	-	Address		Bu
٠			MIAMI, FL 33196		- E
			City/State and Zip Code	·····	HAS HAS
		gare or di	anvictorero@me.com		SEE SEE
21 32	X. **	E-mail address:	to be used for future annual report notifi	cation).	
For fu	ther information	n concerning this matter, please	call:		U OS
• 3	JUA	AN VICTORERO	at (786)	402-6154	DA G
	Nam	e of Person	Area Code & Daytimo	Telephone Numbe	r
Enclos	ed is a sheek fo	r the following amount:			
	5.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Fi	ling Fee
▼ ⊕22.	5.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed	Certifica) Certified	ate of Status &
		ILING ADDRESS:	STREET/COURI Registration Sectio		
	Divi	stration Section sion of Corporations	Division of Corpor		
		Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Ce Tallahassee, FL 32		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

CUSTOM ONYX DESIGNS BY VICTORERO, 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 Compan	y were filed on	04/09/2012	and assigned
Florida document number <u>L12000047968</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company be	<u>re</u> :	
The new name must be distinguishable and end with the words "Lim"L,L,C,."	nited Liability Comp	any," the designation	"LLC" or the abbrevia
Enter new principal offices address, if applicable:	14253 SW 1	48 PLACE	12 K
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 3	3196	ACT STORY
			SERV CO
Enter new mailing address, if applicable:	14253 SW 14	48 PLACE	OF STA
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 3	3196	DA CO
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here. Name of New Registered Agent: JUAN VICTOR	<u>re</u> :	our records, <u>enter</u>	the name of the r
44.70 074			
New Registered Office Address: 11440 SVV	11440 SW 101 TERRACE Enter Florida street address		
 	MIAMI	, Florida _	33176
New Registered Agent's Signature if changing Registered Agent	City		Zip Code

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MIAMI_FL 33187	<u> </u>	<u>Name</u>	Address	Type of Action
Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	MGRM	ORLANDO GARCIA		
Add Remove				
Add Add Remove Add Add Remove Add Add Remove Add Add Remove Add	<u></u>		· · · · · · · · · · · · · · · · · · ·	Remove
Add Remove Add Remove Alach additional sheets. if necessary.)				Remove
Dated MAY 16 2012 MAY 16 ACCOUNTS AND A COUNTY OF THE PROPERTY	900			(T)
Dated MAY 16 2012 MAY 16 2012				J==+7 1 3
Dated MAY 16 2012 PF STATE OF). If amend	ling any other information, ent	er change(s) here: (Attach additional sheets, i	f necessary.)
Dated MAY 16 2012 PF STATE OF				12 th
				SEE SEE
Signature of a member or authorized representative of a member	Dated	MAY 16	2012 1-1-	D III 03 STATE LORIDA
ALEJANDRO MARTINEZ		Signature of		er

Page 2 of 2

Filing Fee: \$25.00