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## **COVER LETTER**

TO: Registration S Division of Co		
SUBJECT: R	S 8 S S HolDINGS LLC  Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all correspo	condence concerning this matter to the following:	
	RANTIT SOOD Name of Person	
	Firm/Company	
	# Bloog Address	
	MIAMI FL 33129	
	City/State and Zip Code  Sood RAN+17 C YAHOO CO. UK  E-mail address: (to be used for future applical report notification)	201
For further information of	concerning this matter, please call:	ŽOI9 OCT
RANT Name o	of Person at (78%) 506619;  Area Code Daytime Telephone Number	ş ۾ ل
Enclosed is a check for the	of Person Area Code Daytime Telephone Number	STATI
□ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &	m -1

MAILING ADDRESS: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

VICTORY MANASI	EMENT LLC
VIC TORY MANAS  (Notice of the Limited Liability Com (A Florida Limited	peny as it now appears on our records.)  Limbility Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L120000 5308</u> 7	ny were filed on 4/18/2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
RS 855 HOLDINGS LLC The new name must be distinguishable and contain the words "Limited Lin	c
The new name must be distinguishable and contain the words "Limited Lin	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1901 BRICKELL AVENUE
(Principal office address MUST BE A STREET ADDRESS)	APT # B1009 MIABL FL 33/29
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	AS ABOVE
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	office address on our records, enter the name of the new
Name of New Registered Agent:	ANJIT SOOP
New Registered Office Address: 1901	BRICKEIL AYE # APT B1009  Enter Florida street address
_1716	7M/ Florida 33/29 Zip Code
Non-Perintered Agent's Signature, if changing Registered Ag	ent:

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 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 Type of Action <u>Address</u> Name Title MARL RANJIT SOOD 1901 BRICKELL ANE #BKOD, MANNI, FL 33/29 \_□ Remove ☐ Change \_□ Add \_□ Remove \_\_ Change DOA 🗆 \_ Remove \_ Change ☐ Add \_□ Remove \_□ Change □ Add □ Remove \_□ Change \_□ Add

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Filing Fee: \$25.00