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2013 MAY 28 PH 12: 51
SECRETARY OF STATE
FALLAHASSEF, FLODIO

B. BOSTICKMAY 2 9 2013

EXAMINER

COVER LETTER

Division of Cor	porations		
SUBJECT:	Victoria Maintenance, LLC Name of Limited Liability Company	<u>-</u>	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.		
Please return all correspo	ondence concerning this matter to the following:		
	Name of Person V, Ctory Hawtenance, U Firm/Company 42 NW 9 St Address Homestrad, FL 33030 City/State and Zip Code V, Ctory A Russell 622 @ 49 E-mail address: (to be used for future annual report notification)		
For further information c	oncerning this matter, please call:	IAY 2	
Victori Name o	A Russell at 305, 910-4777 Area Code & Daytime Telephone Num	28 PHI2: 51 ARY OF STATE ASSEE, FLORIDA	incomp incomp
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy Certified Copy (additional copy is enclosed)	Filing Fee, ficate of Status & fied Copy tional copy is enclo	osed)

MAILING ADDRESS:

TO:

Registration Section

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

Vic	turia H	law tenm	æ uc		
(<u>Name of the Limited Liab</u> (A Flor	bility Company rida Limited Lia	y as it now appear ability Company)	s on our recor	<u>ds.</u>)	-
The Articles of Organization for this Limited Liabili	ity Company w 947	were filed on	8 7 2	<u>∪(</u>	assigned
This amendment is submitted to amend the following	ıg:				
A. If amending name, enter the new name of the	limited liabili	ity company her	ē:		
The new name must be distinguishable and end with the 'L.L.C."	e words "Limite	ed Liability Compa	ny," the designa	ation "LLC" or t	he abbreviation
Enter new principal offices address, if applicables	:				
(Principal office address MUST BE A STREET AL	DDRESS)				
				2013 MAY SECRET	
				AH AH	
Enter new mailing address, if applicable:				- 35 2 2	9
Mailing address MAY BE A POST OFFICE BOX	Ø				(11
				E 8	
B. If amending the registered agent and/or ro	egistered offic	ce address on o	ur records. e	enter the nam	_
registered agent and/or the new registered office					
Name of New Registered Agent:					
New Registered Office Address:					
		Eni	er Florida stre	eet address	
-			, Flor		
		City		Zip C	lode -

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 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MER	Miguel Mohedano	422 NW 95+ Humestead FL 33U3U	Add
		Humestead Fi 33030	Remove
MER	Victoria Ressell	422 NW 9 St Homestund, PR 33030	Add
		Homestund PR 33430	Remove
			Add
			Remove
		TALL	Add
		TALLAHASSEE. FLORIO	Remove 28
		FLORIDE	
			Remove
			Add
			Remove

D.	. If amending any other informati	on, enter change(s) here: (Attach additional sheets, if necessary.)
		······································
Date	ated MAY 23	<u> </u>
	Victoria	Russell
	Sign	iture of a member or authorized representative of a member
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 MAY 28 PH 12: 5