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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jahn L. Waldvap, III Name of Person
Vic Home Services, 166,
109 Belvedere Place
Porte Vedra Beach, Fl 32082
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Company (A Florida Limited Lia	as it now appears on our bility Company)	records.)	
The Articles of Organization for this Limited L Florida document number <u>L 1700 1468</u>		ere filed on	21/12	_ and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liabilit	ty company here:		
The new name must be distinguishable and contain the w	ords "Limited Liability	Company," the designation	n "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applic	able: .			
(Principal office address MUST BE A STREE	<u>TADDRESS)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or the new registered of	or registered offic	ce address on our r	ecords, enter: the	2019 NOV 180 PH 20 The new
Name of New Registered Agent: New Registered Office Address:	John 109 Jose Ved.	Belvedere Enter Florida street M. Beach	address Florida 10	e 32002
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent:	or registered offic	Unidro Belvedere	P III	Name of the

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	Signature of a member or authorized representative of a member
	Thu Walder II

Page 3 of 3

Filing Fee: \$25.00