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SUBJECT: _			ited Liability Company	
The enclosed A	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return a	II correspo	ndence concerning this matter	to the following:	
		BLAKE OBER		
			Name of Person	
		COX & COMPANY		
Firm/Company				
COX & COMPANY				
			Address	Firm/Company D2 Address Stat: and Zip Code AW.COM ed for future annual report notification) 561 Area Code Daytime Telephone Number 55.00 Filing Fee & Certificate of Status & Certificate of
		JUPITER, FL 33458		
			City/State and Zip Code	
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For further info	ormation co	e-mail address: () oncerning this matter, please or		mineation)
BLAKE OBE			561 747-8266	
	Name of	`Person	Area Code Dayti	me Telephone Number
Enclosed is a c	heck for th	e following amount:		
≘ \$ 25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	ng Addres stration S			ection
_		orporations		
	Box 632		The Centre of	Tallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#2,82, 27 F., 5:33

MR VICTOR, LLC.	•	111 J. JJ
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L13000159462	were filed on 11/13/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>-</u>
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	***************************************	
ogisicied Office Address.	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and L ovided for in Chapter 605, F.S.	am familiar with and Or, if this document is

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 27 Pri 5: 33	Type of Action
AMBR	ROBERT LARSSON	445 GRAND BAY DRIVE, # 1209	🖼 Add
		KEY BISCAYNE, FL 33149	□Remove
			□Change
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Dated	SEPTEMBER 1-	4		021				
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Filing Fee: \$25.00

Typed or printed name of signee