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(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	. MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	





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COVER LETTER

10:	Division of Cor		,	
SUBJI		IA MIAMI GROUP LLC		
30 1001	BO1.	Name of Lim	nited Liability Company	W
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		GUSTAVO VICTORI	A	
		(2.9	Name of Person	**************************************
		Llwr.	Firm/Company	
		364 NE 194 TERRACE		
		. 	Address	
		MIAMI, FL 33179		
		<u> </u>	City/State and Zip Code	
		tpivictoria@hotmail.com		
		E-mail address: (to be used for future annual report notifi	ication)
For fur	ther information of	oncerning this matter, please co	all:	
Gustav	vo Victoria		at () 504-4494 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
\$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VICTORIA MIAMI GROUP 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 Company were filed on _01/10/2014 and assigned Florida document number L14000005435 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: **GUSTAVO VICTORIA** Name of New Registered Agent: 364 NE 194 TERRACE New Registered Office Address: Enter Florida street address

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.

City

MIAMI

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 = A	BR = Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
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eument's effective date on the D record specifies a delayer	d effective date, but not an effective time	quirements, this date will not be listed as
he 90th day after the rec		- :
ed August 12	2015	2007 3
	Signature of a member or authorized representative of a	member 7
	or a member of authorized representative of a r	member T
GUSTAVO VICTORIA	L	

Page 3 of 3

Filing Fee: \$25.00

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