L15000007916

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T. Burch Nith and Miller

COVER LETTER

TO: Registration Se Division of Cor			
Victory \ SUBJECT:	/alet LLC		
Jobsteff.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	midea for tiling.	
	ondence concerning this matter		
	Dennis S Wilson		
	.	Name of Person	
	CEO Victory Valet		
	····	Firm/Company	
•	105 Chardonnay Pla	ace	
		Address	<u>_</u>
	Valrico Florida 3359	14	
		City/State and Zip Code	
	DSW.USMC@GMAI		·
	E-mail address: (to be used for future annual report notific	ation)
For further information of	oncerning this matter, please co	all:	
Dennis S Wilson		813 362-7569	
Name o	f Person		felephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 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

Victory Valet LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000007916</u> .	were filed on January 14 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	105 Chardonnay Place	Zo d
(Principal office address MUST BE A STREET ADDRESS)	Valrico Florida, 33594	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7 PH L: 58 ASSEE, FLORIDA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the new
Name of New Registered Agent: New Registered Office Address:	Stina F. WISON 5 Chardonnay T Enter Florida street address	lace
· <u>Va</u>	City Florida	33594- Zip Code

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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Add
			☐ Remove
			1564PR SECVELI ALLIVIA
			Remover-
			PH L: 58d
			☐ Remove
			Add
			Remove
			□ Add
			Remove

· 		
	,	
Effective date, if other than to the effective date must be specific, of the date this document is filed by the	he date of filing: annot be prior to date of receipt or filed date and cannot be Florida Department of State)	(optional) e more than 90 days after
		(optional) e more than 90 days after
the date this document is filed by the	Provide Department of State)	
Dated 6 April	e Florida Department of State)	

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Filing Fee: \$25.00