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Dec. 12, 2017 1:46 PM  
12/12/2017

PAGIO'S & ASSOCIATES, LLC  
Division of Corporations  
Tr

No. 3112 P. 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : PAGIO'S & ASSOCIATES, LLC  
Account Number : I20100000043  
Phone : (305)397-8553  
Fax Number : (305)397-8521

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: patitach13@hotmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
VICTORIA'S NET SERVICES, LLC

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### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VICTORIA'S NET SERVICES, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICIA H. CHAVEZ

Name of Person

VICTORIA'S NET SERVICES, LLC

Firm/Company

1835 NE MIAMI GARDENS DRIVE, STE 311

Address

MIAMI, FL 33179

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA H. CHAVEZ

at 305 765-0478  
Area Code Daytime Telephone Number

Enclosed is a check for the 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

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PAGIO'S & ASSOCIATES, LLC

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

VICTORIA'S NET SERVICES, 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 12/07/2017 and assigned  
Florida document number L15000013243.

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:

1835 NE MIAMI GARDENS DRIVE, STE 311

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33179

Enter new mailing address, if applicable:

1835 NE MIAMI GARDENS DRIVE, STE 311

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33179

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered 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 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

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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>	<u>Address</u>	<u>Type of Action</u>
MGRM	YOLANDA V. MONTERO	1501 NE MIAMI GARDENS DR	<input type="checkbox"/> Add
		APT 146	<input checked="" type="checkbox"/> Remove
		MIAMI GARDENS, FL 33179	<input type="checkbox"/> Change
MGRM	WILLIAM E. WAGNER	1501 NE MIAMI GARDENS DR	<input checked="" type="checkbox"/> Add
		APT 146	<input type="checkbox"/> Remove
		MIAMI GARDENS, FL 33179	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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MIAMI, FL 33179

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

(b) The 90th day after the record is filed.

S.O.P  
Patricia Chavez (Dec 11, 2017)

PATRICIA H. CHAVEZ

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**Filing Fee: \$25.00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA