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FEB 05 2018

COVER LETTER

TO: Registration Sec Division of Corp		٠,	
	HOLDINGS & GERTRUDIS	LAMAR LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	LEYDI CIRIACO-DE LA	CRUZ	
		Name of Person	
	DE LA CRUZ FINANCIA	LS & INSURANCE INC	
		Firm/Company	·
	4888 NW 183RD STREET	STE 111	
	-	Address	
	MIAMI GARDENS FL 33	055	
		City/State and Zip Code	······································
	LCIRIACO@DELACRUZI		
	E-mail address: (1	to be used for future annual report notific	cation)
For further information co	ncerning this matter, please ca	all:	
LEYDI CIRIACO-DE LA	A CRUZ	786 558-5462 EX	Г 103
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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

VICTORIA HOLDINGS & GERTRUDIS LAMAR LLC

(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed or Florida document number L15000075876	n 04/29/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	ny here:
VICTORIA HOLDINGS & INVESTMENT LLC	
The new name must be distinguishable and contain the words "Limited Liability 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)	TEB T
	2 1
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	25
B. If amending the registered agent and/or registered office addres registered agent and/or the new registered office address here:	s on our records, <u>enter the name of the ne</u>
Name of New Registered Agent:	
New Registered Office Address: Ente	er 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

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

ANIDK - A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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			□ Add
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ffective date if other than the	date of filing:	(or	otional)	
an effective date is listed, the date mu	st be specific and cannot be prior to date	e of filing or more than 90 days a	fter filing.) Pursuant	to 605.02
<u>iote:</u> If the date inserted in this b ocument's effective date on the D	lock does not meet the applicable s repartment of State's records.	tatutory filing requirements,	this date will not t	be listed
e record specifies a delaye	d effective date, but not an	effective time, at 12:0:	1 a.m. on the	earlier
The 90th day after the rec	ord is filed.			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00