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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Victorings Holdings L.LC. 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:
Telipe Victorino Name of Person
Victorinos Holdings LLC Firm/Company
5471 Wiles Rd ± 10305 Address
Coconst Creek, FL 33073 City/State and Zip Code
Victorinos holdings 11c eyahoo. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Telipe Victorino at (954) 296-1261 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$(additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$ 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 AMERICACING

TO ARTICLES OF ORGANIZATION OF

	OF	FILE.
(Name of the Limited Liability (A Florida 1	oldings LLC Company as it now appears on our re Limited Liability Company)	2016 JUL 15 PM 1:37 FALLAHASSEF STATE 6 12016 and assigned.
The Articles of Organization for this Limited Liability Co.	mpany were filed on 0212	6/2016 and assigned
Florida document number <u>L1600014049</u>	<i>B</i>	1740
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u> </u>	-
		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	ddress
		, 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 make 30, enter the first makes and address of spokenson. Industrialistic or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00