

L17000035273

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 RC TAX SERVICE LLC
Account Number I20140000083
Phone (407)932-0040
Fax Number (407)520-5473

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VICTORY SUPREME SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

JUL 25 2019

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

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FAX SUCCESSFUL

19 JUL 24 AM 8:42
FAX SUCCESSFUL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VICTORY SUPREME 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:

EVER PALACIOS

Name of Person

VICTORY SUPREME SERVICES LLC

Firm/Company

8462 SHADY GLEN DR

Address

ORLANDO, FL 32819

City/State and Zip Code

EVERPALACIOS81@GMAIL.COM

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

For further information concerning this matter, please call:

EVER PALACIOS

at (786) 603-4580
Area Code Daytime Telephone Number

Name of Person

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

Page 1 of 3

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>
MGR	ISABEL MERCEDES HERRERA FEO	6653 Tanglewood Bay Dr	<input checked="" type="checkbox"/> Add
		Apt. 2122	<input type="checkbox"/> Remove
		Orlando, FL 32821	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2019 JUL 24 PM 2:24

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Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 505.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JULY 23

Qua Blos

EVER PALACIOS

Page 3 of 3

Filing Fee: \$25.00