

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000567963)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet."

To:

Division of Corporations

Fax Number : (850)617-6383

From:

SUPERBIZ.COM, INC. 120070000160 Account Number : Phone (305)675-2811

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VICTORIA PARK PLACE LLC

| Certificate of Status | 0          |
|-----------------------|------------|
| Certified Copy        | 0          |
| Page Count            | <b>歩</b> る |
| Estimated Charge      | \$25.00    |

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY MAR - 1 2017

- 1

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H17000056796 3

TW

| VICTORIA   | PARK PLACE LLC   |
|--|--|
| (Name of the Limited Liability Company (A Florida Limited Lia  | sait now appears on our records.)  bility Company)           |
| The Articles of Organization for this Limited Liability Company we Florida document number L17000042610  This amendment is submitted to amend the following:   | ere filed on FEBRUARY 22ND, 2017 and assigned                |
| A. If amending name, enter the new name of the limited liability   | ty company here:   |
| VICTORIA PARK ENTERPRISES 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)  |  |
| Enter new mailing address, if applicable:  | AG 3 COM   |
| · · ·  | 32   |
|  | 500  |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:   | e address on our records, enter the name of the new          |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   |  |
|  | Enter Florida street address                                 |
|  | . Florida  |
| This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company VICTORIA PARK ENTERPRISES LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address: | · · · · · · · · · · · · · · · · · · ·                        |
| Name Desirement & court Classes with Market Desirement & court   |  |

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

Page 1 of 3

13:53

H17000056796 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 = N $AMBR = A$ | Aanager<br>Authorized Member |  |   |
|--------------------|------------------------------|--|---|
| Title              | Name                         | Address  | Type of Action                            |
|                    |                              |  | D Add                                     |
|                    |                              |  | ☐ Remove                                  |
|                    |                              | <u> </u>   | ☐ Change                                  |
|                    |                              |  | Add                                       |
|                    |                              |  | ☐ Remove                                  |
|                    |                              | SELECTION OF THE PROPERTY OF T | AHASSI AHASSI                             |
|                    |                              |  | TO Remove                                 |
|                    |                              |  | STA Charge                                |
|                    |                              | · · · · · · · · · · · · · · · · · · ·  |   |
|                    |                              |  | □ Remove                                  |
|                    |                              | :  | □ Change                                  |
|                    |                              |  | ☐ Add → → → → → → → → → → → → → → → → → → |
|                    |                              |  | Remove                                    |
|                    |                              |  | ☐ Change                                  |
|                    |                              |  | Add                                       |
|                    |                              | -  | ☐ Remove                                  |
|                    |                              |  | □ Remove                                  |

| If amending                      | g any other information, ent  | er change(s) her                             | e: (Attach additio   | onal sheets, if nec   | cessary.)   | H17000056796 3                            | i  |
|----------------------------------|---|--|--|-----------------------|---|---|----|
|                                  |   |  |  |                       |   |   |    |
|                                  |   |  |  |                       |   | <u> </u>                                  | ': |
|                                  |   |  | The state of the s |                       | TALL S  |   |    |
|                                  |   |  |  |                       | H.SS.   | 8 17                                      |    |
|                                  |   |  |  |                       | E, F, O   | مِي الله                                  |    |
|                                  |   |  |  |                       |   | <u>وا</u>                                 |    |
|                                  |   |  |  |                       |   |   |    |
|                                  |   |  |  |                       |   |   |    |
| <del></del>                      |   |  |  |                       |   | · ·                                       |    |
|                                  |   | <u> </u>                                     | . \$   |                       |   |   |    |
| (If an effective of Note: If the | ate, if other than the date of<br>date is listed, the date must be specif<br>date inserted in this block does<br>effective date on the Departme | c and cannot be prior<br>not meet the applic | able statutory filin   | ore than 90 days afte | ional)<br>er filing.) Pursuat<br>is date will not | nt to 605.0207 (3)(b)<br>be listed as the |    |
| the record s                     | specifies a delayed effecti<br>n day after the record is fi   | /e date, but no<br>ed.                       | ot an effective t  | ime, at 12:01         | a.m. on the                                       | earlier of:                               |    |
| Dated                            | FEBRUARY 28TH   | 2017   |  |                       |   |   |    |
|                                  | Signature   | of a member or auth                          | orized representative  | of a member           |   |   |    |
| •                                |   |  | A TAMAYO   |                       |   |   |    |