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COVER LETTER

TO: Registration Se Division of Cor			
RK VICTO	OR LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kristina Hudson		
		Name of Person	
	Booth & Cook P.A.		
		Firm/Company	
	3030 Starkey Blvd., Suite	100	22 SEi
		Address	——————————————————————————————————————
	Trinity, FL 34655		SEP 13 AM II: 54
		City/State and Zip Code	
	Kris@BoothCook.com		
	E-mail address: (to be used for future annual report not	tification)
For further information of	oncerning this matter, please c	all:	
Kristina Hudson		727 842-9105	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he 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 Addres Registration 9		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	.7	The Centre of	
Tallahassee, I	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) [Liability Company]		
The Articles of Organization for this Limited Liability Companion document number <a href="https://limited.com/lim</th><th>y were filed on</th><th> and assi</th><th>gned</th></tr><tr><th>his amendment is submitted to amend the following:</th><th></th><th></th><th></th></tr><tr><th>a. If amending name, enter the new name of the limited lia</th><th>bility company here:</th><th></th><th></th></tr><tr><th>he new name must be distinguishable and contain the words " liah<="" limited="" th=""><th>illio Communi " the Assignation of LC" or the</th><th>abbassistion of 1</th><th><i>(</i>; ;;</th>	illio Communi " the Assignation of LC" or the	abbassistion of 1	<i>(</i> ; ;;
Inter new principal offices address, if applicable:	3030 Starkey Blvd., Suite 100	appreviation (2.1.	C.
Principal office address MUST BE A STREET ADDRESS)	Trinity, FL 34655	_	
THE CHARLES MOST BE A STREET ADDRESS	·	22	
nter new mailing address, if applicable:	3030 Starkey Blvd., Suite 100	$\overline{\omega}$	
(Mailing address MAY BE A POST OFFICE BOX)	Trinity, FL 34655	Ž	45
			3. K
		25	<u></u>

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.

City

Trinity

_, Florida 34655 Zip Code 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>	Address	Type of Action
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Effect	ive date, if other than the date of filing: (optional)		
lf an ef	fective date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filling.) Pu		
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nent's effective date on the Department of State's records.	i not be	insted as t
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 led.)th day	after the
e reco rd is fi			
rd is fi	August 31 2072		
rd is fi	August 31 7072		

Typed or printed name of signee