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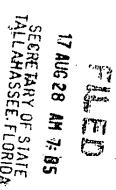
(Re	questor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor			
CHIDI	IECT:		A. Victor LLC	
зовј	JEC1:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	endence concerning this matter	to the following:	
			Sonia Becerra	
			Name of Person	
			Swyft Filings, LLC	
			Firm/Company	
		12	605 East Freeway, Suite 509	
			Address	
Houston, Texas 77015				
			City/State and Zip Code	
			filings@swyftfilings.com	
		E-mail address: (to be used for future annual report notifi	cation)
For fi	arther information c	oncerning this matter, please ca	all:	
Sonia Becerra			at (877) 777-045 Area Code Daytime	50
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
S \$2	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

A. Victor LLC

(Name of the Limited L. (A F	iability Company as it now appears lorida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabil Florida document numberL17000152644		07/17/2017	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company her	<u>re</u> :	
Tej's Garage	e LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the des	signation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable	: 		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter</u>	the name of the
	,		CR CR
Name of New Registered Agent:			A R A
New Registered Office Address:			STY OB
	Enter Florid	la street address	15.7
_	City	, Florida 💆	D Com
	City	7.	· · i zi p C oae

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 = Mai AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
			Add
			Remove
			Change
-			
			Remove
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			□ Remove

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an effective date ote: If the date	is listed, the date must be inserted in this bloc ctive date on the Dep	e specific and ca k does not mee	nnot be prior to		more than 90 day	s after filing.) Pursus	
a record cod	ecifies a delayed e	effective det	e but not	an offective	atime at 17:	01 am on th	o parlice
	ay after the recor		.e, but NOC	an enective	. ame, at 12:	or a.m. on ar	c carner
ated	August	18	2017				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00