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(Re	equestor's Name)	
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## **COVER LETTER**

TO: Registration S Division of Co				
	ENTERPRISES 3 LLC	•		
SUBJECT:	Name of Lin	nited Liability Company	·	
	l'Amendment and fee(s) are sul	<del>-</del>		
Please return all corresp	ondence concerning this matter	to the following:		
	CARLOS FERNANDES			
		Name of Person	<del></del>	
		Firm/Company	<del></del>	
	1661 SW 109TH TER			
		Address	 Pe	20
	DAVIE, FL 33324			GD
	l'atoweb ay alaoo, com	City/State and Zip Code	leation)	2018 HAR I'U A
	E-mail address:	to be used for future annual report notifi	ication)	
For further information	concerning this matter, please c	all:	<u> </u>	<u>ب</u>
JAVIER CARDENAS		954 288-5078	<del></del>	2
Name	of Person		Telephone Number	_
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)	So0.00 Filing F Certificate of S Certified Copy tadditional copy is	Status &
	JNG ADDRESS:	STREET/COURIE	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compa</u> (A Florida Limited	inv as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company lorida document number $\frac{1.17000202163}{1.17000202163}$	were filed on 09/29/2017	and assigned
This amendment is submitted to amend the following:		
s. If amending name, enter the new name of the limited liah	oility company here:	
/ICTORIA INVESTMENT GROUP LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	11600 W STATE ROAD 84	#944
Principal office address MUST BE A STREET ADDRESS)	DAVIE, FL 33355	
		2016
nter new mailing address, if applicable:	PO BOX 550944	T T
Mailing address MAY BE A POST OFFICE BOX)	DAVIE, FL 33355	= 11
. If amending the registered agent and/or registered o gistered agent and/or the new registered office address her		ds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida succei addi	
	. F	FloridaZıp 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 manage, enter the title, name, and address of each person being added or removed from our records:

			Change
<del></del>			D Add
			□ Remove
			Change
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	03/10/2018			
ective date, if other than the reflective date is listed, the date must	date of filing:	of filing or more than 90 days a	otional) fier filing.) Pur	suant to 605,020
te: If the date inserted in this blo	ck does not meet the applicable st partment of State's records.	stutory filing requirements.	this date will	not be listed a
record specifies a delayed he 90th day after the reco	effective date, but not an order is filed.	effective time, at 12:0.	1 a.m. on	the earlier o
ed MARCH 10	2018			
City.				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00