L17000258409

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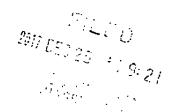
COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	VICTOR 6,			
SOBJECT.		Name of Lim	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please returi	n all correspo	ndence concerning this matter	to the following:	
		ANN BLACK		
			Name of Person	
		SMITH, THOMPSON, SH	IAW, ET AL.	
	Firm/Company 3520 THOMASVILLE ROAD, FOURTH FLOOR			
	Address TALLAHASSEE, FL 32309			
			City/State and Zip Code	.
		marshallgibbs@comeast.ne		
		E-mail address: (to be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please ca	all:	
ANN BLAG	СК		850 893-4105	
	Name of	Person Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00 1	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



	VICTOR 6, LLC	•
(Name of the Limited	Liability Company as it now appears on our Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liab Florida document number L17000258409	oility Company were filed on 12/19/201	7 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	is "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our r e address here:	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	address
-		, Florida
	City	Zip 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PETER CHIARKAS	141 Bradford Court	
		State College, Pennsylvania 16801	■ Remove
			☐ Change
MGR	TERRY WOMBLE	2962 GERALD DR	■ Add
		Tallahassee, FL 32310	
		<u> </u>	□ Change
			Add
			□ Remove
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			Remove
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			C Remove
			Change

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fective date, if other than the date of filing: In affective date is listed, the date must be specific and cannot be pr	(optional) for to date of filing or more than 90 days after filing.) Pursuant to 605.02 licable stanutory filing requirements, this date will not be listed
Note: If the date inserted in this block does not meet the app document's effective date on the Department of State's recor	1100010 00-1-1017
ne record specifies a delayed effective date, but The 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earlier
Dated, 2017	·
Signature of a member or a	Peter Chiarkas uthorized representative of a member
	PETER CHIARKAS

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Filing Fee: \$25.00