118 00000 27950

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

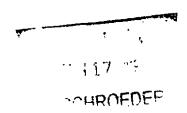
Office Use Only



700321605937

12/18/18--610 -664 **25.60

19 JAN 16 PH 12: 01
SLONE LATE OF STATE
TALL AHASSIT FLORIDA



	,		COVER LETTER	
го:	Registration Sect Division of Corpo	on crations	- 11 · · · · · · · · · · · · · · · · · ·	አያ
SUBJ	ECT:	VIC 50 A/O	ted Liability Company	
The er	nclosed Articles of Ar	nendment and fee(s) are sub-	nitted for filing.	
Please	return all correspond	ence concerning this matter	to the following:	
		· Vic	toria Har	MDO
		Vic	Name of Person LU Firm/Company	
			Firm/Company	
		1915	Brickell RV. 2	Svitz#C1409
		MA	ui, tz	
		Victoria @	City/State and Zip Code Vhurta do. Cor o be used for future annual report notific	ч
				cation)
For fu		cerning this matter, please ca	at (<u>786)</u> 380 - Area Code Daytime	12-17
	VICIUITA	7 1 10 1 /14 OO	at (186) Dodien	Tolonkon a Number
	Name of t	CISOH	Area Code Daytine	reteptione (Author)
Enclos	sed is a check for the	following amount:		
7 S2	5.00 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

Victorfalo, L	LC	
(Name of the Limited Liability Compas (A Florida Limited L	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number (1975).	1/21/10	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	4/41-	
		<u> </u>
Construction address if applicables	•	
Enter new mailing address, if applicable:		1-1
(Mailing address MAY BE A POST OFFICE BOX)	-	
B. If amending the registered agent and/or registered of	ffice address on our records, enter	the name of the new
registered agent and/or the new registered office address here	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
 	, Florida	Zio Code
	varij.	rape COME

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	6057AND A. Si/NA	1915 Brickell NV Not140	<u>7</u> □ Add
		1915 Brickell AV Næ140 KleAMI, FL 33129	Remove
			Change
			Add
			Remove
			□ Change
			□ Add
		- C R A R R R R R R R R R R R R R R R R R	Remove
		E COMPANY OF THE PROPERTY OF T	Change,
			Remove
			Change
			□ Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change

11 ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
_		
_		
-		
_		
_		
_		
_		
_		
_		
_	•	
_		
_	**	ان
_		
_		
_		•
_		
- - - Effecti	Ve date, if other than the date of filing:	(
n effe o <u>te:</u> cumo	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records. Ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	d as th
The	90th day after the record is filed.	
Dated _	DIC14- 2018.	
	## - \	
	Signature of a member or authorized representative of a member VICTORIC HOTAGO.	

Page 3 of 3

Filing Fee: \$25.00