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COVER LETTER

ΓO:		tion Section of Corpor			
SUBJI	ECT:	Victor	-i Consulting Name of Limi	LLC ited Liability Company	
The en	closed Anie	cles of An	nendment and fee(s) are sub-	mitted for filing.	
Please	return all co	orresponde	ence concerning this matter	to the following:	
			Victoria Maste	Name of Person	
				Name of Person	
				Firm/Company	30000 <u> </u>
			2161 E Coun	ly Rd 540A #	144
				33813 City/State and Zip Code	
		-	Chad @ The M. E-mail address: (1	a Hers fan @ amail.co	ification)
For fur	ther inform	ation conc	cerning this matter, please ca		
_\ <u>`</u> i	ctoria	Maste Name of Pe	rson	at (850) 381 - Area Code Daytin	- 3680 ne Telephone Number
Enclos	ed is a chec	ck for the f	ollowing amount:		
□ \$ 2	5.00 Filing	Fee	□ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & 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

Victori Consulting LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{02/07/2018}{18000034901}$ and assigned Florida document number $\frac{118000034901}{1}$.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Masters fam Media LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviations "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Trancapar office dadress most be Astreet Address)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
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

If Changing Registered Agent, Signature of New Registered Agent

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 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 Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Remove
			Change
			
			Remove
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			Remove
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			□ Remove
			□ Change
			
			□ Remove
			Change

	·
(If an e <u>Note</u> :	tive date, if other than the date of filing: 2 10 22 (optional)
f the re b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	December 10th 2022
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00