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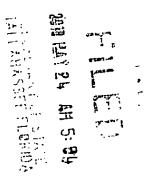
(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO:	Registration Se Division of Cor								
	VICTORIA	SLS LLC							
SUBJE	CT:								
The enc	losed Articles of	Amendment and feets) are sub-	nitted for filing.						
Please r	eturn all correspo	ndence concerning this matter	to the following:						
		ANA CERVETTA-LAPHA	AM						
			Name of Person						
		CERVETTA-LAPHAM &	ASSOCIATES PA						
			Firm/Company						
6401 SW 87 AVE, STE 103 Address MHAMI, FL 33173									
					City State and Zip Code				
					ANA(a,CERVETTALAPHAM.COM E-mail address: (to be used for future annual report notification)				
For furt	her information e	oncerning this matter, please ed							
ANA CERVETTA-LAPHAM		HAM	305 275-3248						
	Name o	f Person	at ()	Telephone Number					
Enclose	ed is a check for th	ne following amount:							
\$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
266) Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VICTORIA SLS LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	ipany as it now appears on our recored Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L18000124748</u>	ny were filed on 05/17/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
VICTORIA LUX LLC		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		6.2 6.2
The spin office mineral records and a spin of the spin		
		22 -16 streets
		22
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX _I		<u> </u>
		Company
		2
B. If amending the registered agent and/or registered		is, enter the name of the ne
registered agent and/or the new registered office address h	ere:	
Name of New Registered Agent:		
Name Danierana I Orbina Addresse		
New Registered Office Address:	Enter Florida street addre	ANA .
	,,	Total dis
	, F	lorida

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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
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Filing Fee: \$25.00