## 118000169695

(Re	questor's Name)	<u>.</u>
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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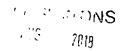


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## **COVER LETTER**

TO:	Registration Sec Division of Corp			<i>'</i> .
CHR	VIA VICTO	DRIA LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	<del> </del>
The en	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		VICTORIA CAMPO		
			Name of Person	<del></del>
		VIA VICTORIA LLC		
			Firm/Company	
•		505 NORTHWOOD ROA	D	
		-	Address	
		WEST PALM BEACH, F	L 33407	
			City/State and Zip Code	<del></del>
		VIAVICTORIAELENA@0		
		E-mail address: (	to be used for future annual report noti	fication)
For fu	rther information co	oncerning this matter, please ca	all:	
VICT	ORIA CAMPO		561 676-5587	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclos	sed is a check for th	e following amount:		
□ \$2	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

VIA VICTORIA LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our record Liability Company)	<u>is.</u> )
The Articles of Organization for this Limited Liability Company Florida document number L18000169695	were filed on 07/13/18	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- · ·	
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		三 三 二
		502 7
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		77. 7
		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		<del></del>
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		s, enter the name of the
Name of New Registered Agent:		<u>-</u>
New Registered Office Address:		
	Enter Florida street addres.	2
·	Flo	orida
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	VICTORIA CAMPO	505 NORTHWOOD ROAD,	Add )
		WEST PALM BEACH, FL 33407	Remove
			🗆 Change
MER	My new old (hair	505 Noonwood Rd	
		WPB FI 33407	Remove
			Change
			□ Add
			Remove
			··· David 🔘
			Elmove
			Change
			□ Add
			Remove
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fective date, if ot	her than the dat	e of filing: 08/	21/18		_ (optional)	
n effective date is list	ted, the date must be s	pecific and cannot	be prior to date of i	filing or more than 90 d	ays after filing.) Pu	rsuant to 605.02
	date on the Depart			tory filing requireme	mts, this date wit	i noi de listed a
record specifie	es a delayed eff	ective date,	but not an eff	ective time, at 1	2:01 a.m. on	the earlier
rne som day a	fter the record	is nied.				
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Typed or printed name of signee

Filing Fee: \$25.00