## L18000289536

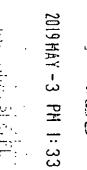
(Re	questor's Name)	
(Ad	dress)	
DÁ)	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<del></del>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400328408094

U5/4B/19--U1U25--U13 \*+25.U0



C. GOLDEN MAY 1 5 2019

## **COVER LETTER**

ķ

SUBJECT:	Victory	Strategies LLC	
30bji.c.i.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		Jacob Werksman	
		Name of Person	
		Victory Strategies LLC	
		Firm/Company	
	3	152 Via Palma Lane, Bo	ox 9
		Address	
	ŀ	Kissimmee, Florida, 347	44
		City/State and Zip Code	
		cob@victory-strategies.	
	E-mail address: (	to be used for future annual re	eport notification)
For further information of	concerning this matter, please co	all:	
Jac	ob Werksman	at (315)	243-2321
Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &

MAILING ADDRESS:

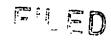
**Registration Section Division of Corporations** 

TO:

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



Victory Strat	tegies LLC	2019 MA	Y-3 PH 1:33
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears of d Liability Company)	n our records,)	<del></del>
The Articles of Organization for this Limited Liability Compar Florida document numberL18000289536	ny were filed on	12/18/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here	:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the desig	enation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	3152 Via Palma La	nne, Box 9, Kissimi	nee, Florida, 34744
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	3 <u>152 Via Palma La</u>	nne, Box 9, Kissimi	nee, Florida, 34744
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	ere:		the name of the no
Name of New Registered Agent:	Jacob Werksman		
New Registered Office Address:		alma Lane, Box 9	<del></del>
	Kissimmee	, Florida	34744
	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>	<u>Name</u>	Address	Type of Action
MGR	Jacob Werksman	3152 Via Palma Lane, Box 9, Kissimmee, Florida, 3474-	¹□ Add
		<del></del>	Remove
			🗹 Change
MGR	David Phillips	1446 Litchfield Drive, West Melbourne, 32904	🖸 Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			_□ Add
			_□ Remove
			Change
			_□ Add
			_□ Remove
			Change
			_□ Add
		· · · · · · · · · · · · · · · · · · ·	_□ Remove
			_□ Change

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
-	
~	
-	
_	
_	
_	
_	
_	
-	
_	
_	
_	
_	
(If an eff Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	April 30, 2019
	Signature of a member of anotherized representative of a member
	Jacob Werksman
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00