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COVER LETTER

TO: Registration Sec Division of Corp			
subject: <u>G'S</u>	Victory I	nternational, ted Liability Company	LLC
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	G's Victor	on Lockhart Name of Person Y Internation Firm/Company ey Lane Address FL: 328/1	a),LLC.
	blockhart E-mail address: (to	FL, 328/1 City/State and Zip Code Pasvictoryusas o be bised for future annual report notific	ation)
	ncerning this matter, please ca		
William Lec Name of	on Lockhart Person	at (407) 800-7 Area Code Daytime 1	577 Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting 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 Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C'S Victory International, 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 February 5,2019 and assigned Florida document number L190000 29960

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability	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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the name of the new register
Name of New Registered Agent:	

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

or removed from our records: WINDS OF JOHN WALLEN MGR = Manager AMBR = Authorized Member Address 802 B. Ivey Lane Orlando FL 32811 Type of Action **Title** MGR Higgins □Remove □ Change \square Add □Remove □ Change □Add □Remove □ Change □Add □ Remove □ Change \square Add Remove □Change □Add □ Remove □ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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fective (late, if other than the date of filing: (optional)	0207
ote: If t	e 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, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	d as
cument	s effective date on the Department of State's records.	
ecord sp	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
is filed.		
ated _	pril 13 .2021.	
	Biohop Wm 2, Lockhart Signature of a member or authorized representative of a member	
	Bishop William Leon Lockhart Typed or printed name of signee	
	DISHOD WILLIAM LEON LOCKHARI	

Filing Fee: \$25.00